

Occupational Participation and Restrictions in Community Among Person with Guillain-Barre Syndrome: A Cross- Sectional Study



By

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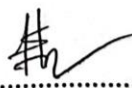
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Dedication

This study is wholeheartedly dedicated to my family, who have inspired me and given me all the support I needed.

Then I dedicate this study to the enhancement of Occupational Therapy

Students in research work.

Finally, most of all to, my creator Almighty Allah, the author of knowledge and wisdom who made this possible by me.

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List of Abbreviations

ADL	Activities of Daily Living
BHPI	Bangladesh Health Professions Institute
GBS	Guillain-Barre Syndrome
CRP	Centre for the Rehabilitation of the Paralysed
ICF	International Classification of Functioning, Disability and Health
IRB	Institutional Review Board
SPSS	Statistical Package for Social science
WHODAS 2.0	World Health Organization Assessment Schedule 2.0
WHO	World Health Organization

Abstracts

Background: Guillain-Barre syndrome is a rare nerve inflammatory condition. Although most people heal completely neurologically, some people continue to have long-term physical, psychological, mobility, participation, or social issues. There is limited evidence regarding people's experiences with GBS. Occupational participation and restrictions have been noticed after GBS, and these create problems in everyday activities and hamper involvement in activities.

Aim: The study aims to identify Occupational Participation and Restrictions in Community among persons with Guillain-Barre syndrome.

Methods: A cross-sectional quantitative study design was used in the study. Ninety-eight respondents were selected by purposive sampling based on inclusion criteria. Data was collected by World Health Organization Disability Assessment Schedule 2.0 scored 0–100; a high score indicates more significant activity limitations and participation restrictions). Data was analysed through using Statistical Package for the Social Science (SPSS) software version 25.0, analysing descriptive and One-way ANOVA analysis.

Results: A total of 98 participants were taken for the study. 36.7% of participants were aged between 18 to 30 years. 38.8% were graduates, and 75.5% of the participants were married. The majority of people was middle-aged and paid workers. However, the study showed that marital status, occupation and neurological conditions as important factors associated with occupational participation and restrictions among persons with Guillain-Barre syndrome. Sex, age, educational status, living area and symptoms of Guillain-Barre Syndrome are not associated with occupational participation and restrictions.

Conclusion: Finally, the findings of this study may provide important information for creating evidence-based therapies. There is an urgent need to develop rehabilitation-based therapies. There is an urgent need to create rehabilitation-based treatments. Moreover, community people will be in focus while developing interventions to reduce Occupational participation and restrictions among persons with Guillain-Barre syndrome.

Keywords: Guillain-Barre syndrome, Occupation, Participation, Restrictions.

CHAPTER I: INTRODUCTION

1.1 Background

Guillain-Barre syndrome, also known as acute inflammatory demyelinating polyradiculopathy, is an immune-mediated sickness characterized by a growing acute polyneuritis and motor characteristics such as progressive symmetrical ascending paralysis (Forsberg et al., 2014). An ongoing autoimmune condition called chronic inflammatory demyelinating polyneuropathy (CIDP) damages the nerves and renders people disabled. It advances gradually and needs continuing immunological therapy to be managed. Motor deficiencies, cognitive challenges, and psychosocial problems common in CIDP patients cause complex impairments. Additional care at a specialized rehabilitation facility could be necessary for those with these difficulties. Guillain-Barre syndrome, on the other hand, is a severe autoimmune condition that attacks the nerves and advances swiftly. Episodic immune therapy is typically needed (Alexandrescu et al., 2014). Greater prevalence of the Miller Fisher variation, axonal subtypes, and pure motor forms of GBS is found in Asian nations than in Western countries. This may be because of the kind of prior infection and host-dependent variables (Islam et al., 2010; Asbury, 2000; McKhann et al., 1993). The high mortality and poor prognosis of GBS in Bangladesh may be attributable to the preponderance of the axonal subtype, a lack of targeted therapies, and inadequate healthcare infrastructure (Islam et al., 2010). Immune-mediated polyneuropathy is a condition that damages the nerves and results in respiratory paralysis, a loss of reflexes, increasing weakening in all four limbs, and autonomic

dysfunction. It is the second-most common cause of muscular paralysis in poor nations, behind poliomyelitis (Khan et al., 2011). Guillain-Barré syndrome has a worldwide incidence of 2.07 cases per 100 000 person-years (Aragonès et al., 2021).

In this, study total of 98 participants was taken for the study. 36.7% of participants were aged between 18 to 30 years. 38.8% were graduates, and 75.5% of the participants were married. The majority of people were middle-aged and paid workers. However, the study showed that Marital Status, Occupation and Neurological conditions as important factors associated with Occupational participation and restrictions among persons with Guillain-Barre syndrome. Marital Status had .000 significance, where separated persons with GBS had 36.95%, married had 20.07%, Unmarried had 12.37%, and divorced had 100% occupational participation and restrictions. The occupation where Retired had 55.97% occupational participation and restrictions. Unemployed people had 36.44%, Self-employment had 15.83%, Students had 13.66% occupational participation and limitations, and Housewives had 23.59% occupational participation and restrictions. The paid workers had 13.43% occupational participation and restrictions. And Others had 12.10% occupational participation and restrictions. According to Neurological Conditions, those with Neurological Conditions had 47.82% occupational participation and limitations, and those without Neurological Conditions had 19.25% occupational participation and restrictions.

It has a documented male preponderance and can strike at any age, although it is most frequent between the ages of 30 and 50 (Khan et al., 2010). Another research that included 14% of patients with moderate to severe impairment and 50% of patients with

minimal symptoms revealed that residual disability may persist for an extended period (Forsberg et al., 2012). Physical issues affect 20%–30% of patients, whereas 27%–37% of patients have long-term changes in their jobs, hobbies, and social activities. (Akanuwe and others, 2020) Most GBS patients have persistent tiredness, discomfort, and other irritable symptoms. According to reports, it was related to activity restriction and low quality of life in 60–80% of the patient group (De Vries et al., 2010). Despite substantial advancements in the acute management of Guillain-Barre syndrome, the long-term advantages of disability and social participation have received less attention. There are limits to the existing body of research on this subject, and a recent comprehensive review concluded that no randomized or controlled trials are investigating the efficacy of multidisciplinary therapy for GBS (Khan et al., 2011). The symptoms of Guillain-Barre syndrome, which include weakness, sensory problems, pain, and weariness, can make it difficult for sufferers to carry out everyday tasks and interact with others. Due to these symptoms, long durations of standing or walking might be exhausting and challenging (Forsberg et al., 2014). There is no particular workout for GBS patients who are disabled or have activity limitations. In GBS patients, supportive care is regarded to be more crucial than immunotherapy or IVIG (Hughes et al., 2008). According to Nehal and Manisha (2015), no particular guideline or workout plan is available for GBS patients. Patients with GBS have difficulties doing daily tasks such as walking, showering, and running independently. Physical activity involvement is limited due to a loss of muscular strength and weakness (Keyghobad et al., 2011). The International Classification of Functioning, Disability, and Health (ICF) is a framework for describing how a person's functioning and disability are affected by disease. It considers the person's impairments,

activity limitations, and the environmental and social factors that may serve as obstacles or enablers. The ICF claims that limiting exercise alone only accounts for a tiny portion of the variation in health (WHO,2001). Activity limitations and participation restrictions, respectively, are defined by the World Health Organization (2002) as "issues an individual may face in engaging in life situations" and "difficulties an individual may have in performing activities." Activity limitations and participation restrictions have been seen following GBS treatments, which cause difficulty in daily activities and impede participation in activities. According to the World Health Organization (2002), the ICF is an international scientific instrument that is a unified biopsychosocial model of human functioning and impairment. It contains characteristics including "impairments at the body and body component level, person level activity constraints, and society level restrictions of involvement". It also supplies the conceptual model and classification necessary for tools to analyse the social and built environment. The International Classification of Functioning (ICF) is a global data standard for all human functioning and impairment aspects. The ICF is important for people with all sorts of impairments for identifying their health care and rehabilitation needs and detecting and determining the influence of the physical and social environment challenges. WHO Impairment Assessment Schedule 2.0 (WHODAS 2.0) was developed using a worldwide collaborative approach to establish a universal instrument for assessing health status and disability across varied cultures and situations, including mental, neurological, and addiction problems (WHO, 2017). A person with Guillain-Barre syndrome has significant functional difficulties during and after therapy. Employment or occupational life, education, economics, and social and family ties are all examples of occupational

participation limits. Healthcare practitioners do not mention psychological well-being or engagement in meaningful jobs during treatments. As a result, it is vital to define activity limitations as well as participation limitations. To identify Occupational participation and restrictions in Community are present among person with Guillain-Barre syndrome.

1.2 Justification of the study

People with Guillain-Barre syndrome experience several challenges in their daily life. They could struggle with self-care, cognition, mobility, employment conditions, social interaction, etc. The function is helpful to a person and has many distinct elements. Having an impairment has a significant and ongoing influence on daily activities. Due to the numerous consequences of various treatments, occupational involvement (activity limitations and restrictions) is an issue before it begins.

Guillain-Barre syndrome therapies and patients may also have severe and long-lasting disabilities. Additionally, it causes the sufferer a lot of problems. The study's primary focus is on the value of occupational participation (activity limitations) and restrictions based on daily living activities among Guillain-Barre syndrome survivors in the Bangladeshi community. Because the survivors have so many limits when they engage in activities in the community and at home, it is crucial to understand occupational participation (activity limitations and restrictions). Because of this, they cannot participate in activities or programs at their place of employment or in their neighbourhood. The results will enable both service providers (especially physicians and other medical professionals) and service recipients (especially patients) to understand the occupational participation (activity limits) and constraints of people with Guillain-Barre

syndrome in Bangladesh (either treatment or demographics perspective). The participation constraints, however, only consider the level of severity that should be scored using a standardized instrument that considers some of the essential human domains. Additionally, this outcome will improve cancer survivors' long-term Quality of Life (QoL) and offer ideas for potential solutions to their obstacles.

1.3 Operational Definition

Occupation: as daily activities that are goal directed. They occupy our time and are what individuals do to bring meaning to their life. Other terms for them are activities, tasks, hobbies, or things we need to do. Occupations cover the things a person needs to do, wants to do, and are expected to do and that meet their basic human needs, find structure, and purpose to their day and bring enjoyment. So basically, it is everything that you do each day, week, month, year.

Participation Restriction: Participation Restrictions are problems an individual may experience in involvement in life situations.

Guillain-Barre syndrome: Guillain-Barre syndrome is an acute autoimmune disease marked by inflammation of the peripheral nerves, affecting arms and legs and involves destructions of the myelin sheath surrounding largest, most myelinated sensory and motor fibres, resulting in disrupted proprioception and weakness.

Community: A social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society.

1.4 Research Question, Aim and Objectives

1.4.1 Research Question

How much Occupational Participation and Restrictions in Community are present among person with Guillain-Barre syndrome?

1.4.2 Aim

To identify Occupational participation and restrictions in Community are present among person with Guillain-Barre.

1.4.3 Objectives

- To describe socio-demographic characteristics of person with Guillain-Barre syndrome
- To identify the association between socio-demographic factors and occupational participation and restrictions among person with Guillain-Barre syndrome

1.5 Variables

1.5.1 Dependent Variable

WHODAS 2.0: WHO Disability Assessment Schedule 2.0

1.5.2 Independent Variable

Living Area: Present situation where the person lives

Sex: Gender either male, female or others

Age: The length of time that a person has lived

Education: The process of receiving or giving systematic instruction specially at school or university

Current Marital Status: A person's situation with regard to whether one is single, married, separated, divorced or widowed.

Main Work Status: A person's employment status

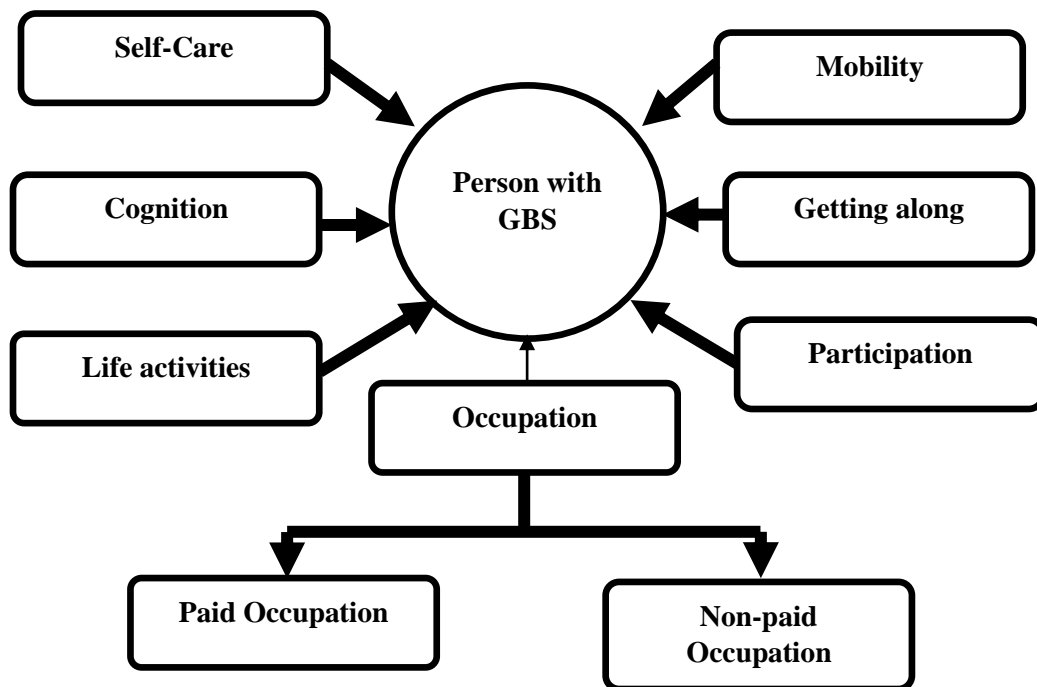
Causes of GBS: Reason of GBS

Others Neurological Conditions: A person's have any Neurological Condition.

CHAPTER II: LITERATURE REVIEW

This chapter covers the information regarding cognition, mobility, selfcare, getting along, life activities and participation of persons with GBS. Paid and Nonpaid occupations such employment and education are also covered in this chapter.

Figure-2.1: Overview of literature review finding



Guillain-Barre syndrome is an acute demyelinating polyneuropathy due to immune-mediated inflammation of the peripheral nerves and nerve roots. It is a significant cause of acute ascending neuromuscular paralysis, often accompanied by autonomic dysfunction. The worldwide incidence of GBS is 1–2/100,000 people. It affects both

sexes and is common in ages between 30 and 50 years (Hughes & Cornblath, 2005, Khan & Ng, 2009, Zochodne, 1994).

The incidence of GBS ranges from 0.16 to 4 cases per 100 000 person-years, with most studies reporting rates ranging from 1.1 to 1.8 cases per 100 000 person-years. The frequency in Europe and the United States is believed to be fewer than 2 cases per 100 000 person-years. (McGrogan et al., 2008), (Sejvar et al., 2011).

According to recent French research (Delannoy et al., 2017), The study, which employed diagnostic codes collected upon discharge, reveals an incidence of 2.42 cases per 100 000 person-years, albeit the authors cannot rule out the over-coding of GBS. Certain Asian regions have the highest reported incidence rates. (Radhakrishnan et al., 1987), (Arami et al., 2006) and the Caribbean (Curacao, van Koningsveld et al., 2001 and Aruba, Suryapranata et al., 2016). The latter had the most significant incidence rate, with 3.93 instances per 100,000 people yearly. The published prevalence estimates in Spain range from 0.85 to 1.56 incidences per 100 000 person-years. (Matias-Guiu et al., 1993, Sedano et al., 2009, Pinel González et al., 2002, Cuadrado et al., 2001).

AIDP was the most common GBS variant in our study. This is the most frequent variety in Europe (Uncini et al., 2010) and the United States (Hadden et al., 1998), where it accounts for 58% and 90% of all cases, respectively; in China (Ho et al., 1995) and Japan in contrast, axonal variants are more frequent 30%-65% (Ogawara et al., 2000).

Detrusor hyperactivity may also occur in GBS survivors over time and may last for many years (personal communication: Professor C. Fowler, National Hospital for Neurology and Neurosurgery, UK Several patient-reported issues were connected to the "activities

and involvement" category. GBS influences several facets of daily living. Mobility, knowledge acquisition and application, domestic life, interpersonal relationships, family relationships, and intimate ties are all relevant areas (Ng & Khan, 2011). For patients who continue to experience IN-related activity limits and participation restrictions, there is presently no standardized therapy available. In spite of the fact that progressive resisted strengthening exercise may only slightly increase muscular strength, a comprehensive evaluation of the effectiveness of exercise on disability in found that the present body of data is of poor quality. Although residual impairment may last a lifetime, 14% of those with GBS still had moderate to severe disability, while another 50% had relatively mild symptoms (White et al., 2015). It is frequently connected with decreased quality of life and increased activity limitations (Forsberg et al., 2012).

GBS has a generally good result, with 80% of patient's ambulatory within six months of symptom start; however, 50% of patients may have persistent neurological abnormalities, and 15% may have lingering functional deficits (Desforges&Ropper, 1992). Many people may continue to heal after GBS for up to ten years. However, recovery may be delayed in individuals with severe illness (intensive care) and early axonal abnormalities (Dhar et al., 2008), and Forsberg et al. (2005) report GBS survivors' quality of life after two years and beyond is limited by continuous limitations in daily functioning and social activities. Clinical treatment recommendations for GBS are included in current GBS literature (Khan &Pallant, 2011); support for acute and rehabilitation intervention (Chevret et al., 2017) and longer-term follow-up to evaluate participation restriction (Bernsen et al., 1997, Demi'r&KöseoĖlu, 2008).

The combined impairment and disability scores utilized accounted for only 77% of the variance in handicap (Merkies, 2003). The International Classification of Functioning, Disability and Health (ICF) offers a broader framework. It describes the impact of disease at the level of impairment, limitation in activity and participation, incorporating contextual (environmental and personal) factors which may act as barriers or facilitators in these persons. It is acknowledged that restricted activity alone explains a minor part in the variance of health (WHO,2001).

A community-wide cross-sectional study of 77 Guillain-Barré syndrome survivors' issues with Guillain-Barré syndrome was connected to ICF classifications (Khan et al., 2010). GBS has a significant death and morbidity rate. Approximately 3% of GBS patients will die as a result of acute complications during the acute phase (Alshekhlee et al., 2008); After 12 months, up to 20% have a residual persistent severe impairment, including bipedal locomotion difficulties or require respiratory assistance (Meythaler, 1997). GBS significantly influences daily living activities, job, social activities, and quality of life (QoL) at two years following the beginning, and this consequence is likely to last longer (Forsberg et al., 2005). About 27%–37% of patients report long-term changes in leisure and social activities (Bersano et al., 2005, Bernsen et al., 2002, Bernsen et al., 2005). In addition, 44% of GBS survivors said they engaged in less social and recreational activities (Bernsen et al., 2002); 62% of respondents said that even 3-6 years later, there was still a negative influence on their lives and their employment (Hughes & Cornblath, 2005). Despite this, minimal research has been done on the patient's perspective and the long-term neurological effects of GBS (Khan et al., 2010). It is necessary to look into this more because 33% of GBS survivors reported having trouble concentrating and making

judgments and linked this to how tired they were (Khan et al., 2010). One report (Bersano et al., 2005) emphasizes adjustments made by GBS survivors in their professions, hobbies, or social activities five years after the diagnosis despite the nearly full functional recovery. Additionally, the GBS participants emphasized restrictions in significant living domains (Khan & Pallant, 2007).

Information on the prevalence, type, and determinants of patient-perceived handicap following GBS should be helpful for patients, neurologists, and other caregivers in the acute and chronic phases of the disease because recovery from GBS is a protracted and highly varied process (Darweesh et al., 2014).

Despite significant improvements in GBS acute treatment, the benefits to disability and social involvement over the long term have received less attention than improvements in survival and acute recovery times. No randomized or clinically controlled trials in this group were found by a recent systematic review of the effectiveness of multidisciplinary care for GBS, revealing limitations in the body of knowledge (Khan et al., 2011).

Physical issues affect 20%–30% of patients, whereas 27%–37% of patients have long-term changes in their jobs, hobbies, and social activities (Akanuwe et al., 2020). Most GBS patients have persistent tiredness, discomfort, and other irritating feelings. By six months following the start of Guillain-Barre syndrome, the majority of patients had regained their capacity to walk briefly (Forsberg et al., 2004). However, several years after the commencement, long-term follow-up investigations found that 20% to 30% of patients had decreased physical functional status (de la Cour & Jakobsen, 2005, Rudolph et al., 2008, Bersano et al., 2005, Gupta et al., 2010, Forsberg et al., 2012). Patients with Guillain-Barre syndrome have been found to have considerably worse health-related

quality of life at 1-2 years compared to the general population (Bernsen et al., 2009, Forsberg et al., 2005).

In research done in Sweden with 29 participants, five persons' facial paralysis that was discovered at the 2-year mark was still present, 11 participants (38%) had paresthesia, 6 (21%) had restrictions with their arms, and 15 (52%) had difficulties walking. Compared to the general population, the physical dimension of health-related quality of life was lower (Forsberg et al., 2012). Even though 75% of GBS patients have positive motor outcomes (i.e., ability to walk independently) (Alter, 1990), GBS significantly influences daily living activities, employment, social interactions, and health-related quality of life between two and six years after the start. This impact continues after this period (Bernsen et al., 2001, Forsberg et al., 2005, Hughes & Cornblath, 2005, Khan et al., 2010). Many GBS reported issues that had a "slightly" "moderately" or "greatly" negative impact on their ability to engage in a variety of daily activities, including physical recreation (21.2%), emotional health and mood (17%), entertainment activities (13.6%), social activities (12.1%), ability to travel more than 30 minutes (12.1%), and household chores (7.6%) (Amatya et al., 2013).

According to the current study, 16% of GBS survivors said the condition had a moderate to the severe negative impact on their ability to engage in work, family, leisure, and social activities, and 22% said it had a significant adverse effect on their overall happiness, confidence, and ability to live independently (PIPP subscales). These are consistent with reports of limitations in participation in employment, social and recreational activities, family life, caregiver stress, and everyday activities in other GBS cohorts (Forsberg et al.,

2005, Demir & Köseoğlu, 2008, Bersano et al., 2005, Bernsen et al., 1999, Bernsen et al., 1997).

In British questionnaire research, over 40% of individuals felt extreme weariness while being otherwise healthy or having just minimal symptoms (Davidson et al., 2009). The participants in our study talked about not knowing one's potential in the setting of family and job and how it was challenging to explain generalized symptoms like energy depletion (Forsberg et al., 2014).

However, 10-20% of GBS patients are believed to be incapacitated owing to muscular weakness caused by motor neuron abnormalities. Mortality is reported to occur only very rarely within one year of the beginning of GBS (Ko et al., 2017). similar to previous research that claims there is no reason to believe in a significant recovery after 2-3 years following GBS. Chronic pain (with diverse patterns) and autonomic dysfunction, including urgency in urination and constipation, have all been reported (Asbury & Cornblath, 1990, Bernsen et al., 1997)

One study (Bernsen et al., 2002) (n = 70) reported that although 90% of GBS survivors recovered completely functionally, 27% still had to make significant modifications in their careers, hobbies, or social activities five years later. Furthermore, 44% of GBS survivors reported a decrease in leisure and social activities (n = 116) (Bernsen et al., 2002), and 62% said ongoing detrimental impact upon their (and carers') lives 3–6 years later (Bernsen et al., 1999). As medical treatment increases and life expectancy rises, health, well-being, and involvement questions become more significant. A recent study of variables influencing short-term outcomes (6 months) following GBS (Demir & Köseoğlu, 2008) shows that a worse quality of life (QoL), emotional reactivity, and

social isolation are connected with female gender, mechanical ventilation, job, and a propensity for depression (Khan et al., 2010).

Long-term functional status has only been addressed in cross-sectional investigations, which have shown residual indications in 31-48% of individuals evaluated at various time points from initiation and up to 6 years after that, according to Bernsen et al. (1999). The capacity to restore walking ability, which is frequently evaluated using the GBS disability score, has been mostly related to a positive result following GBS. In addition to physical impairments, studies have revealed increased tiredness and a decline in health-related quality of life (HRQL) 3–8 years following the beginning of GBS.

Despite good functional recovery up to 14 years after GBS (median six years, range 1–14), according to a recent study (N.=76), 16% of participants continued to report moderate to severe impact on work, family, and social activities, and 22% reported substantial ongoing effects on mood, confidence, and ability to live independently. Given that GBS survivors are frequently young people, the emphasis is on providing integrated care to them over a more extended period due to advancements in medical therapies and declining mortality rates. It's crucial to control psychological effects on involvement and activity over the long term. It is hypothesized that this will be best accomplished through multidisciplinary rehabilitative care, which is defined as a problem-solving educational process delivering coordinated care with clearly defined goals within a specified time period, utilizing at least two disciplines (medicine, physiotherapy, occupational therapy, and other allied health professions), and aimed at improving the level of activity (function) and participation (Khan et al., 2011).

A body that limits. Following the commencement of Guillain-Barre syndrome, the participants indicated numerous body constraints that still hindered them in their daily activities. They noted a wide range of symptoms, including weakness and sensory feelings in their legs and arms, discomfort, and fatigue. In addition to limits in daily tasks, they indicated limited opportunities for engagement in society. Standing or walking for extended periods of time was characterized as tiring (Forsberg et al., 2014).

Four of the 29 individuals (14%) in this prospective longitudinal research of a population-based cohort of people with GBS had moderate to severe residual impairment at ten years following start, determined by a GBS disability score of 2. 50% more people experienced mild symptoms like paraesthesia. At the moment of the beginning of GBS and at all subsequent evaluation time points, the lower extremities were more severely afflicted than the upper ones (Forsberg et al., 2012).

According to recent research, lingering symptoms might last up to ten years in 25% of individuals (Forsberg et al., 2012, Khan et al., 2010, Drory et al., 2012). However, the long-term physical and psychological experiences of individuals have not been investigated before. The individuals also noted a new type of weariness that limited their daily activities. The overpowering sensations of exhaustion and energy loss were stated as an unexpected symptom that interfered with and limited their choice of activities (Forsberg et al., 2014).

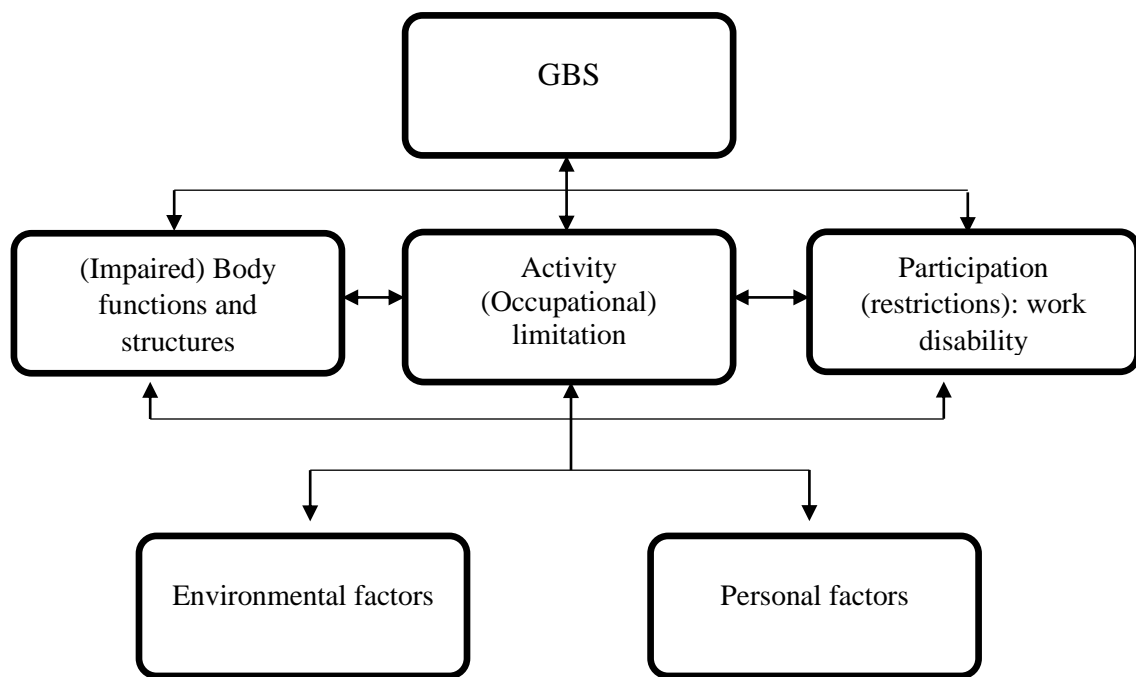
With improved GBS care and a usually favourable prognosis, problems about long-term health, well-being, and involvement become increasingly essential. Over several months, the pwGBS discharged into the community has continued to improve (Amatya et al., 2013).

This study will provide fresh light on how people with Guillain-Barre syndrome GBS are restricted in their ability to participate in certain occupations after receiving therapy. Future scholars can build new research on the foundation of this work because this is the first study on occupational participation constraints among community members with Guillain-Barre syndrome GBS to be carried out in Bangladesh. And from this research, we can have evidence of the Guillain-Barre syndrome post-treatment Occupational participation restrictions in the community.

CHAPTER III: METHODOLOGY

3.1 Conceptual Framework

Figure-3.1: Conceptual Framework Modified from Gonclaves Junior et. Al., 2017



3.2 Study Design

In this study, Investigator used a quantitative study design with a cross-sectional study to identify Occupational Participation Restrictions are present among persons with Guillain-Barre syndrome in the Community. It was the ideal study design for the student researcher to collect data since a quantitative study limits the variety of responses, collects numerical data, and analyses the data regarding how many or how much (Madisha, 2018). Student researchers analysed data over some time. This is similar to a snapshot (Setia,2016). To generate statistical conclusions about the target population, a cross-sectional design with a quantitative foundation was utilised. A cross-sectional

survey gives an overview of a specific population at a particular moment, making it the most effective method for determining the prevalence and valuable for determining associations. (Cherry, 2022). A standardised questionnaire was used to collect data from each participant just once. Cross-sectional research is beneficial for determining the relationship between questionnaire variables (Mann, 2003). For this purpose, this study used a cross-sectional design that fulfils the aim and objective of the study.

3.3 Study Setting and Period

3.3.1 Study Setting

This study targeted all types of persons with Guillain-Barre syndrome at the Centre for the Rehabilitation of the Paralysed (CRP) those who have taken treatment from CRP. And data was collected from the community after taking information from the Centre for the Rehabilitation of the Paralysed (CRP).

3.3.2 Study Period

The whole study period was between April 2022 to March 2023.

The data collection period was 1 month, November 2022.

3.4 Study Participant

3.4.1 Study Population

Persons with Guillain-Barre syndrome who were taken treatment from centre for the Rehabilitation of the Paralysed CRP.

3.4.2 Sampling Technique

The features of the research are often the sample for a study. Purposive sampling, a type of non-probability sampling, was utilized by the researcher to acquire the sample for this study. Through the use of purposeful sampling, the researcher is able to contact the chosen sample, which primarily meets the researcher's needs and is relevant to the study's goal (Crossman, 2020). Purposive sampling is a sampling technique in which the researcher uses their opinion and criteria to select people from the population to participate in the study (Jordan, 2021). Purposive sampling is also the most time-effective and cost-effective technique (Etikan, 2016). So, this sampling design was best for the investigator to determine the desirable sample from a large population group.

3.4.3 Sample Size

$$n = \frac{z^2 \times pq}{d^2}$$

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$$

$$= 0.9604/0.0025$$

$$= 384.16$$

Here,

n = Sample Size

z = The standard normal deviate usually set at 1.96 which corresponds to 95% confidence

$$p=50\% = 0.5$$

$$q = (1-p) = 0.5$$

$d= 0.05$; degree of accuracy required (level of significance/ margin of error)

Data were purposefully collected from 98 respondents to get significant findings.

3.4.4 Inclusion Criteria

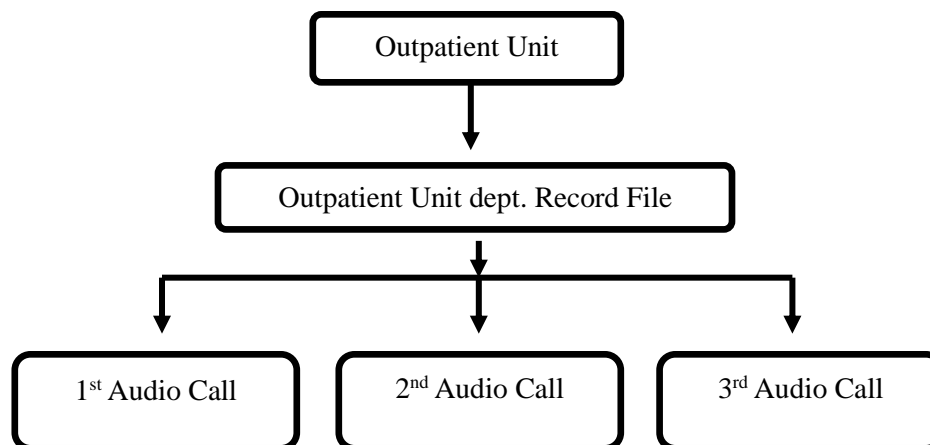
- Person with Guillain-Barre syndrome who took treatment from the centre for the Rehabilitation of the Paralysed (CRP).
- As WHODAS 2.0 cannot be administered to anybody under the age of 18, it is only available to those who are older than 18.
- Both male and female with Guillain-Barre syndrome.

3.4.5 Exclusion Criteria

- Unwilling person and mentally unstable.

3.4.6 Participant Recruitment Process

Figure-3.2: Participant Recruitment Process



Student Investigator went to the outpatient unit and got permission from the head of the department to collect information from the outpatient department database. After then collected the information from database (Name, Age, Sex, Date of injury, Year of leave and contact numbers) of the participants. Potential participants were identified based on the inclusion and exclusion criteria.

3.5 Ethical Considerations

According to the Nuremberg code (1947) and the Helsinki act (1975), there is some ethical consideration for all types of research such as medical and social research (Who, 2001). The researcher some ethical considerations according to the Nuremberg code (1947) and the Helsinki act (1975) these are given below:

- Before conducting the research investigator took permission from the Institutional Ethical Review Board of Bangladesh Health Professions Institute (BHPI).
- Then permission was first taken from the centre for the Rehabilitation of the Paralyzed (CRP).
- All the participants were informed about the purpose, aim and objective of the study and it will be ensured that the study will not be harmful for them.
- Researcher used the WHODAS 2.0 scale, consent form, information sheet in preferable language (Bangla and English) with the participants.
- Investigator built rapport with respondent before interview. Respondent were informed about several key things.
- The study, its purpose, benefit, and risk associated with the study and verbal consent was taken.
- The researcher committed the participants all information not to share with others expect supervisor.
- Researcher was ensuring that the confidentiality is maintained of every information about the participants.

3.5.1 Consent Form IRB

At first ethical clearance has been sought from Institutional Ethical Review Board by presenting the purpose of the study, through the Department of Occupational Therapy, of Bangladesh Health Professions Institute (BHPI). After receiving the clearance (CRP/BHPI/IRB/09/22/638) from the board, the student researcher continued the further process. The student investigator also took permission from the OT outpatient department

of CRP before taking the participant's information. For using the Bangla Version of the WHODAS 2.0 questionnaire.

3.5.2 Informed Consent

The student researcher informed the participants of the study's goal and gathered data from those who were willing to do so. The participants' verbal consent was collected while they were being questioned on the phone. Then their data have been taken.

3.5.3 Right of Refused to participant or withdraw

Participants in this study had the option of participating or not. They also have the option to withdraw from the research within two weeks following the interview.

3.5.4 Confidentiality

The information provided by the participants was confidential. As stated on the information sheet, their name and identity were kept from everyone except for the supervisor. The participants were informed that their identity would remain confidential for future, such as report writing, publication, conference, or any other written and verbal discussion.

3.5.5 Unequal Relationship

The student investigator r did not know those participants personally. So, there was no unequal or power relationship between the student researcher and the participants.

3.5.6 Risk and Beneficence

The participants did not have any risk and did not get any beneficence from this study. The interview session was conducted over the phone, so participants did not need to come anywhere. They quickly participated in this study by staying at their home.

3.6 Data collection

3.6.1 Data Collection Method

The telephone survey was used to acquire the data. Participants were communicated over phone because face to face interview was not possible for the student researcher as the participant were from different districts of Bangladesh. So, telephone survey helped to collect data within short time from different districts (O'Toole et al., 2008). Data collection is not possible by traveling to different districts of Bangladesh in a short period of time. And travel is very expensive for researchers. So, data has been taken over the phone.

The participants did not have any risk. Nowadays, phone-call interviews become more interesting for collecting information. Because of this interview, many people can be conducted, data can be collected quickly, and mobile phone is available. For this, a telephone interview is fit for this study because the student investigator did not get any beneficence from this study. The interview session was conducted over the phone, so participants did not need to come anywhere. They quickly participated in this study by staying at their home.

At first, the student investigator took permission from the Occupational Therapy Department and Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) and collected the patient's details. For conducting a telephone interview, at first, the student researcher would verbally present the details of the study, such as the study's aim, objectives and purpose, then explain the rights, roles, benefits and importance of the written consent form descriptively to participants before collecting data. Then they had the opportunity to ask questions about the study and whether they were interested in participating. Verbal, recorded consent of the participant was taken as evidence. Once consent was received, the student researcher read the instructions for the questionnaires and collected data. The interview session was in Bengali, and the interview session call was recorded by cell phone. The mean time of the interview was 15~25 minutes.

3.6.2 Data Collection Instrument

The Institutional Review Committee of the "Bangladesh Health Professions Institute" (BHPI) first granted the researcher's request for ethical approval and authorized the research plan. The WHO WHODAS website offered the WHODAS 2.0 Questionnaire for free. The researcher obtained additional data from the CRP, including the participant's phone number. A cell phone was used to identify the study population based on inclusion and exclusion criteria. The researcher had set each participant's date and time for the data collection. Following confirmation, the investigator calls the participant to gather data over the phone. Every participant had a 15–25-minute interview with the researcher.

WHODAS 2.0 is a questionnaire that uses an interview to administer a 36-item version of WHODAS 2.0 that covers six categories and measures the degree of functioning that are-

Domain 1: Cognition
D1.1. Concentrating on doing something for ten minutes?
D1.2. Remembering to do important things?
D 1.3. Analysing and finding solutions to problems in day-to-day life?
D 1.4. Learning a new task, for example, learning how to get to a new place?
D1.5. Generally understanding what people say ?
D1.6. Starting and maintaining a conversation?
Domain 2: Mobility
D 2.1. Standing for long periods such as 30 minutes?
D 2.2. Standing up from sitting down?
D 2.3. Moving around inside your home?
D 2.4. Getting out of your home?
D 2.5. Walking a long distance such as a kilometer [or equivalent]?
Domain 3: Self-care
D 3.1. Washing your whole body?

D 3.2. Getting dressed?

D 3.3. Eating?

D 3.4. Staying by yourself for a few days?

Domain 4: Getting along

D 4.1. Dealing with people you do not know?

D 4.2. Maintaining a friendship?

D 4.3. Getting along with people who are close to you?

D 4.4. Making new friends?

D 4.5. Sexual activities?

Domain 5: Life activities

D 5.1. Taking care of your household responsibilities?

D 5.2. Doing your most important household tasks well?

D 5.3. Getting all the household work done that you needed to do?

D 5.4. Getting your household work done as quickly as needed?

D 5.5. Your day-to-day work/school?

D 5.6. Doing your most important work/school tasks well?

D 5.7. Getting all the work done that you need to do?

D 5.8. Getting your work done as quickly as needed?

D 5.9. Have you had to work at a lower level because of a health condition?

D 5.10. Did you earn less money as the result of a health condition?

Domain 6: Participation

D 6.1. How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?

D 6.2. How much of a problem did you have because of barriers or hindrances in the world around you?

D 6.3. How much of a problem did you have living with dignity because of the attitudes and actions of others?

D 6.4. How much time did you spend on your health condition or its consequences?

D 6.5. How much have you been emotionally affected by your health condition?

D 6.6. How much has your health been a drain on the financial resources of you or your family?

D 6.7. How much of a problem did your family have because of your health problems?

D 6.8. How much of a problem did you have in doing things by yourself for relaxation or pleasure?

The investigator takes over phone calls to collect data. In this study WHODAS 2.0 questionnaire was used as a data collection tool. WHODAS 2.0 World Health Organization Disability Assessment Schedule 2.0 (0-100, higher = greater activity limitations and participation restrictions).

3.7 Data Management and Analysis

In this research, descriptive statistics were calculated by demographic and factors of relation inventory. Descriptive statistics describe, organize and summarize the data and include frequencies, percentages, description of central tendency, and descriptive of relative relations. All data was managed through data entry, and analysis was performed using the Statistical Package for Social Science (SPSS) version 25, by using the descriptive statistic method and Microsoft excels spreadsheet. The presentation of data was organized in SPSS and Microsoft Office Word. All data input was given within the variable of SPSS. Specific findings were described in the bar, pie chart, and different tables, which were easily understandable for the reader.

3.8 Quality Control and Quality Assurance

Quality control was ensured following the data management cycle. The student investigators focused on the measures to be taken during data collection. Information gathering is an essential part of the data life cycle. Firstly, the student investigator gathered information appropriately. After taking all the data, the data entry process was correctly completed. Quality control and quality assurance prevent errors and ensure data quality before it is entered, analysed, and maintained throughout the study. The student

investigator randomly monitored some data to ensure everything was correct in the data entry. After that, the data analysis process was completed according to scale instructions and supervisor guidelines. The student investigator took responsibility for the transparency of the study. And maintained proper documentation and used all the documentation according to supervisor guidelines. Student investigators responsibly stored the study documents (Stobierski, 2021).

CHAPTER IV: RESULTS

Findings of the Study

The following chapter details the findings of occupational participation and restrictions among persons with Guillain Barre Syndrome including socio-demographic characteristics. A valid response for each question was used.

1. **Descriptive Analysis:** This analysis was used to describe the basic features of the data in a study. This analysis does simple summaries of the sample and the measures. Here the descriptive analysis was used to describe the Living situation at the time of the interview, Age, Sex, Educational status, Marital status & Work status, which were predictors or independent variables.

4.1 Socio-demographic Characteristic among the person with Guillain Barre syndrome (GBS)

Table 4.1: To find out the Socio-demographic Characteristic among the person with Guillain Barre syndrome (GBS)

Variable	Characteristics	Frequency (n)	Percentage%
Sex	Male	79	80.6
	Female	19	19.4
Age	18-30 Years	36	36.7
	31-43 Years	31	31.6
	44-56 Years	23	23.3
	57-69 Years	8	8.2
Education	Graduate	38	38.8
	Secondary	23	23.5
	Higher Secondary	13	13.3
	Primary	11	11.2
	Signature	7.1	7.1
	Diploma	4	4.1
	Illiterate	2	2.0

Marital Status	Married	74	75.5
	Unmarried	22	22.4
	Separate	1	1.0
	Divorce	1	1.0
Living Area	Urban	61	62.2
	Rural	37	37.8
Occupation	Paid Worker	30	30.6
	Unemployment	15	15.3
	Self-employment	14	14.3
	Student	14	14.3
	Housewife	14	14.3
	Others	7	7.1
	Retired	4	4.1
Symptoms of GBS	Sudden weakness	52	53.1
	Unknown	29	29.6
	Loose bowels	11	11.2
	Fever & Cold	6	6.1
Others Neurological Condition	No	94	95.9
	Yes	4	4.1

Table 4.1-Descriptive analysis Test showed that a total of 98 participants were selected. Most of them were male, 80.6% (n=79), and female, 19.4% (n=19).

Among 98 participants aged between 18 to 30 years people were 36.7% (n=36), 31 to 43 years were 31.6% (n=31), 44 to 56 years were 23.3% (n=23), 57 to 69 years were 8.2% (n=8).

Among 98 participants, Graduate are 38.8% (n=38) and 2.0% (n=2) participants are illiterate, 23.5% (n=23) participants have secondary education, 23.3% (n=23) participants have completed higher secondary education, 11.2% (n=11) participants had primary education, 4.1% (n=4) participants had diploma education and 7.1% (n=7) participants can signature.

Among 98 participants, most of the participants were married, 75.5% (n=74), Unmarried participants were 22.4% (n=22), and 1% participant are separated (n=1) and divorced (n=1). Most of the participants were paid workers 30.6% (n=30), Unemployment 15.3% (n=15) and students 14.3% (n=14), 14.3% (n=14) participants were housewives, 14.3% (n=14), participants were retired 4.1% (n=4) 7.1% (n=7) were others.

Among 98 participants who have been symptoms of GBS, 53.1% (n=52) felt sudden weakness, Unknow causes 29.6% (n=29), loose bowels 11.2% (n=11), 6.1% (n=6), Fever & Cold.

Among 98 participants, 62.2% (n=61) lived in Urban areas, and 37.8% (n=37) lived in rural areas.

Among 98 participants. 95.9 (n=94) had a neurological condition, and 4.1% (n=4) had no neurological condition.

4.2 According to the Relation of Variables (SEX)

Table 4.2 Activity Limitations and Participation Restrictions according to the Relation of Variables (SEX)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Sex				
Male	22.47	1	.238	.626
Female	19.93			

Table – 4.2 One-way ANOVA Test indicates that, according to sex, males had 22.47% occupational participation and restrictions, females had 19.25% activity limitations and

participation restrictions, and the P value of sex was .626. The f value was .238, and the df value was 1.

4.3 According to the Relation of Variables (AGE)

Table- 4.3 Activity Limitations and Participation Restrictions according to the Relation of Variables (AGE)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Age (Years)				
18 to 30	16.72			
31 to 43	18.19	3	1.674	.178
44 to 56	26.12			
57 to 69	29.34			

According to age, 57-69 years old have the most (29.34%) occupational participation and restrictions. 44-56 years old scored 26.12% in occupational participation and restrictions, followed by 18-30 years had 16.72%, and 31-43 years old had 18.19 occupational participation and restrictions. And the P value of age was .167. And F value was 1.674, and the df value was 3.

4.4 According to the Relation of Variables (Educational Status)

Table 4.4 Activity Limitations and Participation Restrictions according to the Relation of Variables (Educational Status)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Educational Status				
Primary	30.62			
Secondary	17.29			
Higher_Secondary	12.62			
Graduate	19.41	6	2.137	.057
Diploma	23.36			
Signature	22.51			
Illiterate	30.62			

Education status had a .057 significant factor, where illiterate people had more occupational participation and restrictions at 57.06%. Those with primary education had 30.62%, secondary education had 17.29%, and Higher Secondary had 12.62% occupational participation and restrictions. Those who had diploma educational status had 23.36% occupational participation and restrictions, and graduate people had 19.41%. People who can sign had 22.51% occupational participation and restrictions. And F value was 2.137, and the df value was 6.

4.5 According to the Relation of Variables (Living Area)

Table 4.5 Activity Limitations and Participation Restrictions according to the Relation of Variables (Living Area)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Living Area				
Rural	23.61	1	1.470	.228
Urban	18.49			

The P value of Living Area was .228 Where people lived in rural areas had 23.61% occupational participation and restrictions; subsequently, persons with Guillain Barre syndrome GBS in Urban had 18.49% occupational participation and restrictions. And F value was 1.470, and the df value was 1.

4.6 According to the Relation of Variables (Marital Status)

Table 4.6 Activity Limitations and Participation Restrictions according to the Relation of Variables (Marital Status)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Marital Status				
Married	20.07			
Unmarried	12.37	3	7.147	.000
Separated	36.95			
Divorced	100			

Marital Status had .000 significance, where separated persons with GBS had 36.95%, married had 20.07%, Unmarried had 12.37%, and divorced had 100% occupational participation and restrictions. And F value was 7.147, and the df value was 3.

4.7 According to the Relation of Variables (Occupation)

Table 4.7 Activity Limitations and Participation Restrictions according to the Relation of Variables (Occupation)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Occupation				
Paid Worker	13.43			
Unemployment	36.44			
Self-employment	15.83	6	6.427	.000
Student	13.66			
Housewife	23.59			
Others	12.10			
Retried	55.97			

The p-value of work status was .000 concerning occupational participation and restrictions. At the same time, retired had 55.97% occupational participation and restrictions. Unemployed people had 36.44%, Self-employment had 15.83%, Students had 13.66% occupational participation and restrictions, and Housewives had 23.59% occupational participation and restrictions. The paid workers had 13.43% occupational participation and restrictions. And Others had 12.10% occupational participation and restrictions. And F value was 6.427, and the df value was 6.

4.8 According to the Relation of Variables (Others Neurological Condition)

Table 4.8 Activity Limitations and Participation Restrictions according to the Relation of Variables (Others Neurological Condition)

Variable	Occupational Participation and Restriction (Mean Score)	df	F	P value
Others Neurological Condition				
Yes	47.82	1	8.131	.005
No	19.25			

According to Neurological Conditions, those with Neurological Conditions had 47.82% occupational participation and restrictions, and those with no Neurological Conditions had 19.25% occupational participation and restrictions. And F value was 8.131, and the df value was 1.

This indicates that occupational participation and restrictions in the community significantly impact marital status, work status and who has neurological conditions.

WHODAS 2.0 score indicates not only the overall disability score but also occupational participation and restrictions. The table shows that there is a relationship between predictors or independent variables (age, sex, educational status, marital status, living area, work status, causes of GBS and other neurological conditions) and dependent variable (WHODAS 2.0 score) where occupational participation and restrictions in the community have a significant impact on marital status, work status and who had neurological conditions.

CHAPTER V: DISCUSSION

This cross-sectional study investigated occupational participation and restrictions among the person with Guillain-Barre syndrome. The participants were taken from the community in Bangladesh. The study identifies demographic characteristics, an association between demographic characteristics and Occupational participation and restrictions in daily activities.

5.1 Demographic Details of participants

A total of 98 participants were taken for the study. The study participants comprised 80.6% (n=79) Male and 19.4% (n=19) Female. Here show that most of the participants were Male. Their age range from 18 to 34 years person was 36.7% (n=36), 31 to 43 years person was 31.6% (n=31), 44 to 56 years person with 23.3% (n=23) and 57 to 69 years person with 8.2% (n=8).

Most participants in the study were Graduates, 38.8% (n=38). Followed by Secondary completed were 23.5% (n=23), Higher Secondary degree had 13.3% (n=13), Primary had 11.2% (n=11), Can Signature had 7.1% (n=7), Diploma completed 4.1% (n=4) and illiterate 2.0% (n=2). Among 98 participants, most participants were married, 75.5% (n=74). Unmarried were 22.4% (n=22). And separate and divorce were 1.0% (n=1).

Among the 98 participants, most of the person were lived in the Urban area, 62.25% (n=61), and 37.8% (n=38) people lived in the Urban area.

This study showed that Paid workers 30.6% (n=30) occupied the top position among all other occupations. 15.3% (n=15) of people were occupied with unemployment. Students were 14.3% (n=14), 14.3% (n=14) people were occupied with self-employment and with

occupied housewives were 14.3% (n=14). 4.1% (n=4) of people were retired, and 7.1% (n=7) were Others.

In this study, 53.1% (n=52) of people had sudden weakness before contracting Guillain-Barre syndrome. 29.6% (n=29) of people don't know any symptoms and causes before contracting Guillain Barre Syndrome (GBS). 11.2% (n=11) of people had a fever and cold before contracting Guillain-Barre syndrome.

Among 98 participants, most participants had 95.9% (n=94) had no other neurological conditions, and 4.1% (n=4) people had neurological disorders.

5.2 Activity limitations and participation restrictions among participants

WHODAS 2.0 score indicates not only the overall disability score but also Occupational (activity) participation and restrictions. Educational status, age and the living situation at the time of the interview describe occupational participation and restrictions among persons with Guillain Barre Syndrome (GBS).

More information and published work needed to be published about Occupational (activity) participation and restrictions in Bangladesh or countries from the region. It was a telephone survey with a response rate of 54.4%. From the analysis of 98 respondents, Marital Status ($p<.000$), Occupation ($p<.000$) and Neurological Condition ($p<.005$) were more significant.

In this study, among 98 participants, where most of the participants have occupational participation and restrictions in Occupation. They face restrictions while working and in their occupations. Most of the participants were unemployed, 36.44% had occupational participation and restrictions, and housewives had 23.59%. Physical limits affect 20%-30% of patients, while long-term changes in work, hobbies, and social activities affect

27%-37% of patients. (Akanuwe et al., 2020) The majority of GBS patients have chronic fatigue, pain, and other unpleasant symptoms. According to studies, it was associated with activity limitation and negative quality of life in 60-80% of the patient group (De Vries et al., 2010).

In another study, 50% of patients may have persistent neurological abnormalities, and 15% may have lingering functional deficits (Desforgues & Ropper, 1992). In this research finding, 4.1% of participants have neurological conditions, and 47.82% have occupational participation and restrictions. 95.9% of participants have no neurological conditions, but 19.25% have occupational participation and restrictions.

According to one research (Bernsen et al., 2002) (n = 70), although 90% of GBS survivors recovered totally functionally, 27% still had to make substantial changes in their employment, hobbies, or social activities five years later. In addition, 44% of GBS survivors reported a reduction. (n = 116) in leisure and social activities (Bernsen et al., 2002), and 62% express persistent negative influence on their (and caregivers') lives 3-6 years later (Bernsen et al., 1999). According to recent research (N=76), 16% of participants continued to have a moderate to intense impact on Occupation, family, and social activities. In comparison, 22% reported a significant impact on mood, confidence, and capacity to live independently (Khan et al., 2011). It is frequently connected with decreased quality of life and increased activity limitations (Forsberg et al., 2012). A patient's ability to accomplish daily life activities is affected by functional independence and total impairment.

GBS survivors reported significant limitations in energy, emotional reactivity, sleep, pain and social isolation (compared with controls). They identified female gender, lower

education status and social isolation as factors associated (Khan et al., 2010). In this study, gender and education status have not been associated with limitations and restrictions. 33% of GBS survivors reported difficulty focusing attention and making decisions but, in this study, have not found difficulty in concentration and making decisions and participants have cognitive problems. Variables include the individual's health, the disease's impact on the structure and functions of the body, the patient's ability to participate given the disease's effects, activities the patient is able or wants to engage in, as well as environmental and personal factors of the individual, the institution providing care, and the social implications of each variable. A multidisciplinary treatment team is already treating GBS. Therefore, this conceptual framework is relevant to the study topic since it allows for the assessment of the ability to conduct activities, constraints on participation, and psychological repercussions for the recovered individual. Because this uncommon condition has a spontaneous and devastating physiological effect on the body, the disease variable was relevant to the conceptual framework and the integrative review.

The demyelination of peripheral nerves causes a growing inability of neuromuscular signaling to occur, resulting in the inability to participate in daily activities regardless of past fitness or health. Factors influencing activity constraints and participation include muscle strength, walking ability, weariness, capacity to do ADLs, and psychological state. Four participants (14%) showed a GBS-related dependency in ADL (Forsberg et al., 2012). This study shows that living area and educational status with Occupational participation and restrictions have no association.

This study would indicate that marital status, occupation, and previous neurological condition are the key contributions to Occupational participation and restriction among persons with GBS.

CHAPTER VI: CONCLUSION

6.1 Strengths and limitations

6.1.1 Strengths

- Relatively fast and inexpensive
- No waiting time to see the outcome.
- No loss to follow up.
- Provide the prevalence of a diseases or a risk factor.
- First step for investigation
- WHODAS 2.0 Bangla Already validated and free to use.
- The student researcher could have a wide geographical variation of participants, as it was a telephone survey.
- The study was time effective.

6.1.2 Limitations

- The main Limitation of the study there was so little relevant literature or articles about “Occupational participation and restrictions among GBS patients.
- Difficult to establish casual relationships.
- Impractical for the study of rare diseases or risk factors from a general population.
- Susceptible to prevalence/incidence bias.

- In this study, the investigator only took seven independent variables; there should be more variables to find out demographic factors that had been linked to Occupational participation and restrictions.
- This study is an academic research project, and the investigator got only a couple of months to conduct the study, so the sample was purposefully selected. This study was conducted in Community, with information collected from the CRP Outpatient unit and GBS persons returned to the Bangladesh community. But time was short, and the investigator needed help to collect data from the other institutes.
- The telephone response rate was low.
- Several invalid phone numbers were in the database, making it difficult to contact the whole population.
- The lack of visual elements made it difficult to establish a connection with the respondent.
- Despite three tries, several people have yet to answer the phone.
- Some people give time but then do not answer the phone.

6.2 Practice Implication

- Occupational therapists can modify the environment for persons with GBS after knowing the reasons that affect the community participation of GBS patients. And for this modification of the environment, GBS persons can independently live their life by overcoming their barriers.

- The existing rehabilitation practises should be developed by occupational therapists and other professionals who work with GBS patients since they are crucial for the creation of new treatment approaches so that they can benefit properly in their lives after recovery.
- The Occupational Therapists should be the advocate of their patient in the community. They should be aware of the family as well as the living community of the GBS patient.

6.2.1 Recommendations

- Given that this is the first study from Bangladesh to determine the demographic characteristics of occupational participation and restrictions among about Guillain-Barre syndrome GBS patients, the current findings need to be reproduced in other populations with about Guillain-Barre syndrome GBS patients in different hospitals and communities in Bangladesh.
- More research has to be done in this area if it is even possible. Since there isn't much literature about Guillain-Barre syndrome (GBS) in our country.
- Therefore, more socio-demographic data will be helpful in future studies to comprehend how occupational participation and restrictions change over time for about Guillain-Barre syndrome GBS patients.
- It is suggested that any researchers who wish to continue this study expands the participant count and select respondents of both genders (male and female). Researchers advised participants to travel the entire country of Bangladesh.

6.3 Conclusion

The purpose of the study was to identify Occupational Participation Restrictions among persons with Guillain-Barre syndrome in the Community. This is the first report on Occupational participation and restrictions among persons with Guillain-Barre syndrome in Bangladesh. Guillain-Barre syndrome causes impairment of all aspects of Quality of life. So, people with Guillain-Barre syndrome face difficulty to adjust their life after Guillain-Barre syndrome. They face various problems in their daily life activities due to Guillain-Barre syndrome. Occupation, marital status and neurological condition as essential factors associated with Occupational participation and restrictions among Guillain-Barre syndromes. The outcomes of this study may deliver some helpful information for the development of evidence-based interventions. There is a great need to develop interventions based on rehabilitation services according to age. Moreover, community people will be in focus while developing interventions for Occupational participation and restrictions among persons with Guillain-Barre syndrome.

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APPENDICES

Appendix A:



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: _____ Date: _____

CRP/BHPI/IRB/09/22/638 28th September, 2022

K.M Iftaker Aftab Badhon
 4th Year B.Sc. in Occupational Therapy
 Session: 2017-18, Student ID: 122170272
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

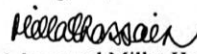
Subject: Approval of the thesis proposal “Occupational Participation Restrictions among person with Guillain-Barré syndrome (GBS) at Community in Bangladesh” by ethics committee.

Dear K.M Iftaker Aftab Badhon
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, Kaniz Fatema as thesis supervisor. The following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire
3	Information sheet & consent form.

The purpose of the study is to determine “to identify Occupational Participation Restrictions among person with Guillain-Barre syndrome (GBS) at Community in Bangladesh”. The study involves use of a WHODAS 2.0 scale to identify participations restrictions that may take 12 to 20 minutes to answer and there is no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 27th August, 2022. at BHPI (32nd IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

 Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
 CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
 E-mail : principal-bhpi@crp-bangladesh.org. Web: bhpi.edu.bd

Date: 18-10-22

The Head

Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Subject: Prayer for seeking permission to collect data for the research project.

Sir,

I honor to inform you that, I am KM Iftakher Aftab Badhon, 4th year student of B.Sc. in Occupational Therapy department at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). As I am student of 4th year, I have to do research for my academic purpose. My research title is "*Identifying Occupational Participation Restrictions among person with Guillain-Barre syndrome (GBS) at Community in Bangladesh. A cross sectional study.*" So, I need to permission for data collection from the Occupational therapy Neurology unit database.

So, I therefore pray and hope that you would be kind enough to give me the permission of data collection for the research project and oblige thereby.

Sincerely

.....
Iftakher Aftab

KM Iftakher Aftab Badhon
4th Year B.Sc. in Occupational Therapy, Session: 2017-2018
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Permission from of the Department of Occupational Therapy,

.....
SK. Moniruzzaman

Associate Professor & Head of
Occupational Therapy Department
BHPI, CRP, Savar, Dhaka-1343

.....
Md. Julker Nayan

Consultant & Head of Occupational
Therapy Department
CRP, Savar, Dhaka-1343

Appendix B:**Informal Consent form in English**

Code no:

Participants Information and Consent sheet

Research topic: Identifying activity and participation limitation among person with Guillain-Barre syndrome at Community in Bangladesh. A cross sectional study.

Researcher: KM Iftakher Aftab Badhon, B.Sc. in Occupational Therapy (4th year), Session: 2015-1026, Bangladesh Health Professions Institute (BHPI).

Supervisor: Kaniz Fatema, Lecturer in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI).

Place of Research: The study will be conducted in the community in Bangladesh.

Part-1 Information sheet:**Introduction:**

I am KM Iftakher Aftab Badhon of 4th year B.Sc. in Occupational Therapy session 2017-2018 studying under the Medicine Faculty of Dhaka University in Bangladesh Health Professions Institute. To complete B.Sc. in Occupational therapy from BHPI conduct a research project is mandatory. This research project will be done under the supervision of Kaniz Fatema, Lecturer in Occupational Therapy. The purpose of the research project is the collection of data and how it will be related to the research project is the collection of data and how it will be related to the research, and this will be presented to you in detail through this participant paper. If you are willing to participate in this research, in that case the clear idea about the research topic will be easier for decision making. Of course, you do not have to make sure you participate now. Before taking any decision, you can discuss with your relatives, or guardian about this. On the other hand, after reading the information sheet if the participants problem to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

In this research, all person with Guillain-Barre syndrome who lives in Bangladesh will be invited to participate. As part of this, you are also invited to participate in the research project. It is not possible to know how many Guillain-Barre syndrome person lives in Bangladesh. Person with Guillain-Barre syndrome faces difficulties in daily activities, social and productive activities. The actual purpose of the study is to evaluate the extent of activity and participation limitation among persons with Guillain-Barre syndrome in the community. We think it will be helpful to fill - up the purpose of this

study through your effective participation. It will make the service more effective for person with Guillain-Barre syndrome with research result.

Let's know the about topic related to participation in this research work:

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to sign the agreement. If you ensure the participation, a copy of your consent will be given. After a representative of collection data till by the researcher will go to you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree, then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

The benefits and risk of participants:

You will not get any benefit directly to participate in this research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits direct from the results of this research will remove the disadvantages. Don't worry about the questions that may know about your identity, it's a request. Patient's name, address will not be included in the data analysis software to reduce the risk of uncover identity

Confidentialities of information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your personal resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent. Data will be initially collected in papers.

Information about promotional result:

The result of this study will be published in various social media, websites, conference, discussion, and reviewed journals.

Participants Fees:

There is no stimulus and remuneration for participation in this study.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds. This study will be done in small areas and no money come from external source.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher. If the information can be used after the cancellation, its permission will be mentioned in the participant's withdrawal letter (application only volunteer withdrawal)

Contact address with the researcher:

If you have any question about the research, you can ask me now or latter. If you wish to ask question later, you may contact any of following: KM Iftakher Aftab Badhon, Bachelor of Science in Occupational Therapy, Department of Occupational Therapy and Contact number:01629092116.

Complains:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (77454645). This proposal has been reviewed by institutional Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP,Savar, Dhaka-1343, Bangladesh, which is committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IBR, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Participant's Withdrawal Form
(Applicable only for voluntary withdrawal)

Preseason for withdrawal:

.....
.....
.....
.....
.....
.....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Participant's Signature:

Date:

Informal Consent form in Bengali

কোড নংঃ

পর্ব ১ তথ্যপত্র:

আমি কে এম ইফতেখার আফতাব বাধন, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটে বি.এস.সি. ইন অকুপেশনাল থেরাপি বিভাগে ৪ র্থ বর্ষের ছাত্র হিসেবে স্নাতক শিক্ষা কার্যক্রম (২০১৭-২০১৮ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষা কার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের প্রভাষক কানিজ ফাতেমা'র তত্ত্বাবধায়নে সম্পন্ন করা হবে। এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী ও গবেষণাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহন করতে আপনি ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পূর্ণ বিষয় সম্পর্কে স্বচ্ছ ধারণা থাকলে সিদ্ধান্ত গ্রহন সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহন আমাদের নিশ্চিত করতে হবে না। যে কোন সিদ্ধান্ত গ্রহনের পূর্বে, যদি চান তাহলে আপনার আত্মীয় স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহনকারী তথ্যপত্রটি পড়ে, যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্যঃ

এই গবেষণা তে বাংলাদেশে বসবাসকারী সকল গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তিদের আমন্ত্রণ জানানো হবে। এর অংশ হিসাবে, আপনাকেও উক্ত গবেষণা প্রকল্পে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হবে। এটা জানা সম্ভব নয় যে কতজন গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তি বাংলাদেশে রয়েছেন। গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তির দৈনন্দিন সামাজিক ও পেশাগত কার্যাবলীতে অংশগ্রহণে সীমাবদ্ধতা রয়েছে। গবেষণাটির সাধারণ উদ্দেশ্য হল : গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তিদের বোধশক্তি, চলাফেরা, নিজের যত্ন, মানুষের সাথে মানিয়ে চলা, জীবন যাপন প্রণালী (গৃহস্থালী কার্যাবলী, পেশাগত বা স্কুলের কাজকর্ম) , সামাজিক অংশগ্রহণে সীমাবদ্ধতা গুলা পরিমাপ করা। আপনার কার্যকরী অংশগ্রহণ গবেষণার উদ্দেশ্য পূরণে সহায়তা করবে বলে আমরা আশাবাদী। এই গবেষণার ফলাফল গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তিদের চিকিৎসা সেবা আরও কার্যকর করে তুলবে।

এই গবেষণা কমটিতে অংশগ্রহনের সাথে সম্পূর্ণ বিষয়সমূহ কি সে সম্পর্কে জানা যাকঃ

আপনার থেকে অনুমতিপত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না

হন বা অন্য কোন কারণে স্বাক্ষর প্রদানে ব্যর্থ হন, সেক্ষেত্রে আপনার কাছ থেকে একজন স্বাক্ষরী উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহন নিশ্চিত করলে, আপনার সংরক্ষনের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য - উপাত্ত সংগ্রহের একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহন করতে হবে না। আপনি সম্মতি প্রদান করা স্বত্ত্বেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন।

অংশগ্রহনের সুবিধা ও ঝুঁকিসমূহ কি?

গবেষণা প্রকল্পটিতে অংশগ্রহনের জন্য আপনি সরাসরি কোন সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহনে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধা কারন হতে পারে। তবে আমরা আশাবাদী যে, এই গবেষণার ফলাফল থেকে প্রাপ্ত উপকারীতা এই অসুবিধাকে অতিক্রম করবে। যেসমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে, সেই বিষয়ে উদ্বিগ্ন না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহনকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে আপনি এই গবেষণা প্রকল্পে অধ্যয়নরত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে সনাক্ত করতে পারে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায়ে উল্লেখ থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে। তথ্যপত্রগুলো তালাবদ্ধ ড্রয়ারে রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্তসমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে।

প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যে কোন ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোন ভাবেই সনাক্ত করা না যায়। তথ্য - উপাত্ত প্রাথমিক ভাবে কাগজপত্র সংগ্রহ করা হবে।

ফলাফল প্রচার সম্পর্কিত তথ্যঃ

এই গবেষণার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনাসভায় এবং পর্যালোচিত জার্নালে প্রকাশ করা হবে।

অংশগ্রহনকারীর পারিশ্রমিকঃ

এই গবেষণায় অংশগ্রহনের জন্য কোন উদ্দীপনা ও পারিশ্রমিক দেবার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎসঃ

এই গবেষণাটির খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহঃ

আপনি সম্মতি প্রদান করা স্বত্বেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবেনা তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

গবেষকের সাথে যোগাযোগের ঠিকানাঃ

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যে কোন সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত ০১৬২৯০৯২১১৬ (কে এম ইফতেখার আফতাব বাধন) নাম্বারে যোগাযোগ করতে পারেন।

অভিযোগঃ

এই গবেষণা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন অভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন। এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে সিআরপি - বিএইচপিআই / আইআরবি /০৯/২২/৬৩৮ পর্যালোচিত ও অনুমোদিত হয়েছে।

অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহণকারীর

নাম:.....

...

প্রত্যাহার করার কারণ:

.....

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীর স্বাক্ষর:

তারিখ:.....

যদি নিরক্ষর হয়*

অংশগ্রহণকারীর আঙ্গুলের ছাপ

সম্মতিপত্র

আমি কে এম ইফতেখার আফতাব বাধন, বর্তমানে ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদ অধিভুক্ত সিআরপিঅর অধীনস্থ বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)-এ বি.এস.সি ইন অকুপেশনাল থেরাপিতে চতুর্থ বর্ষে অধ্যয়নরত। আমার গবেষণার শিরোনাম- গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তির কার্যক্ষেত্রে সীমাবদ্ধতা ও অংশগ্রহণে বাঁধা প্রসঙ্গে।

অংশগ্রহনকারীর স্বাক্ষর / টিপসই	তারিখ:
গবেষকের স্বাক্ষর	তারিখ:

Appendix C: Questionnaire in English & Bengali



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much <u>difficulty</u> did you have in:						
Understanding and communicating						
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	<u>Analysing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	<u>Starting and maintaining a conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting around						
D2.1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	<u>Moving around inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	<u>Getting out of your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

In the past 30 days, how much difficulty did you have in:						
Self-care						
D3.1	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting along with people						
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do
Life activities						
D5.1	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	Doing most important household tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	Getting all the household work done that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	Getting your household work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.

Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in:						
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Participation in society						
In the past <u>30 days</u> :						
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do



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WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<i>Record number of days</i> ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<i>Record number of days</i> ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<i>Record number of days</i> ____

This completes the questionnaire. Thank you.

Identify Occupational Participation Restrictions among Person with Guillain-Barre syndrome(GBS) in the community. A cross sectional Study.

Department of Occupational
TherapyBHPI, CRP,
Savar, Dhaka

Socio- Demographic information of person with Guillain-Barre syndrome
(GBS)

Code no:

1. Sex: Male/Female/Others

2. Age:

3. Educational Qualification:

- Signature
- Primary
- Secondary
- Higher study
- Graduate

4. Marital status:

- Married
- Unmarried
- Separate
- Divorce
- Widowed

5. Area:

- Rural
- Urban

6. Occupation:

7. Onset of Guillain-Barre syndrome (GBS):

8. Any others neurological condition: Yes/No.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

WHO disability assessment schedule WHODAS 2.0 শিরোনামের অধীনে ২০১০ এ বিশ্ব স্বাস্থ্য সংস্থা কর্তৃক প্রকাশিত।

বিশ্ব স্বাস্থ্য সংস্থা বাংলা সংস্করণের অনুবাদ ও প্রকাশনার অনুমোদন বঙ্গবন্ধু শেখ মুজিব মেডিকেল বিশ্ববিদ্যালয় কে দিয়েছে, অনুবাদের দায়িত্ব এককভাবে অনুবাদকের। ইংরেজী এবং বাংলা সংস্করণের অসংগতির ক্ষেত্রে, মূল ইংরেজী সংস্করণ প্রাধান্য পাবে।

বিশ্ব স্বাস্থ্যসংস্থা অক্ষমতা মূল্যায়ন পদ্ধতি ২.০

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বিশ্ব স্বাস্থ্যসংস্থা অক্ষমতা মূল্যায়ন
পদ্ধতি ২.০

WHODAS 2.0

WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0

বিশ্ব স্বাস্থ্যসংস্থা অক্ষমতা মূল্যায়ন পদ্ধতি ২.০

এই প্রশ্নমালায় সাক্ষাৎকার নেয়ার ৩৬ টি বিষয় আছে:

৩৬ টি বিষয়
সাক্ষাৎকারগ্রহণকারী কর্তৃক লিপিবদ্ধ

ধারা ১-

সাক্ষাৎকারের পূর্বে ১ থেকে ২ পূরণ করুন				
১	উত্তরদাতার সনাক্তকরণ নম্বর:			
২	সাক্ষাৎকার গ্রহণকারীর সনাক্তকরণ নম্বর:			
৩	পর্যালোচনার সময় (১,২ ইত্যাদি)			
৪	সাক্ষাৎকার গ্রহণের তারিখ:	দিন	মাস	বছর
৫	সাক্ষাৎকার গ্রহণের সময় অবস্থা	স্বনির্ভর		১
		পরনির্ভর		২
		হাসপাতালে অবস্থান		৩

ধারা ২-

জনসংখ্যা সম্বলিত এবং পূর্বের তথ্য

স্বাস্থ্য ঝুঁকিতে আক্রান্ত ব্যক্তি-বর্গকে ভালোভাবে বোঝার জন্য বিশ্ব স্বাস্থ্য সংস্থা কর্তৃক এই সাক্ষাৎকারটি প্রণীত। এই সাক্ষাৎকারটিতে প্রদত্ত তথ্যসমূহ গোপন থাকবে এবং কেবল মাত্র গবেষনার কাজে ব্যবহার হবে। সাক্ষাৎকারটি গ্রহণে ২০ থেকে ২৫ মিনিট সময় প্রয়োজন হবে।

উত্তর প্রদানকারী সাধারণ জনগনের (যারা শারীরিকভাবে অসুস্থ নন) জন্য:

এমনকি আপনি পুরোপুরি সুস্থ হওয়া সত্ত্বেও জরিপের প্রয়োজনে আপনাকে সবগুলো প্রশ্ন জিজ্ঞেস করা প্রয়োজন।

১	রোগীর লিঙ্গ	মেয়ে	১
		ছেলে	২
২	আপনার বয়স কত?	_____ বৎসর	
৩	স্কুল, কলেজ অথবা বিশ্ববিদ্যালয়ে আপনি কত বৎসর ব্যয় করেছেন ?	_____ বৎসর	
৪	আপনার বর্তমান বৈবাহিক অবস্থা কি? (সঠিক উত্তরটি বেছে নিন)	বিবাহ করেননি	১
		সম্প্রতি বিবাহ করেছেন	২
		বিবাহিত কিন্তু আলাদা থাকেন	৩
		তালাকপ্রাপ্ত	৪
		বিধবা/ বিপন্নিক	৫
		একসঙ্গে বসবাস	৬
৫	কোনটি আপনার কাজের আসল অবস্থা বর্ণনা করে?(সঠিক উত্তরটি বেছে নিন)	কাজ করলে বেতন	১
		স্বউদ্যোক্তা যেমন ব্যবসা বা চাম্বাবাদ করছেন	২
		অলাভজনক কাজ যেমন স্বেচ্ছা সেবক বা সমাজ সেবা	৩
		ছাত্র	৪
		বাসাবাড়ী দেখাশোনা	৫
		অবসর প্রাপ্ত	৬
		বেকার (স্বাস্থ্যগত কারণে)	৭
		বেকার (অন্য কারণে)	৮
অন্যান্য	৯		

ধারা ৩- প্রস্তাবনা

উত্তরপ্রদানকারীকে বলুন:

এই সাক্ষাৎকারটি যারা শারীরিক সমস্যায় রয়েছেন তাদের জন্য।

উত্তর প্রদানকারীকে ক্লাশকার্ড # ১ দিন এবং নির্দেশ করুন:

শারীরিক সমস্যা বলতে বুঝাবে রোগ বা অসুস্থতাকে অথবা অন্য স্বাস্থ্য সমস্যা যা দীর্ঘস্থায়ী বা স্বল্পস্থায়ী আঘাত, মানসিক বা আবেগীয় সমস্যা। এমনকি মদ্যপান বা মাদক জনিত সমস্যা এর অন্তর্ভুক্ত।

প্রশ্নের উত্তর দেয়ার সময়ে সব ধরনের শারীরিক সমস্যার কথা মনে রাখবেন। যখন আমি কোন সমস্যার কথা জিজ্ঞেস করবো তার অর্থ হলো- কাজ করতে গিয়ে কোন শারীরিক সমস্যায় পড়েছেন কিনা।

ক্লাশকার্ড #১ নির্দেশ করার সময় ব্যাখ্যা করুন যে 'কাজের সময় অসুবিধা পড়া' বলতে কী বোঝায়-

- * অতিরিক্ত প্রচেষ্টায় কাজটি করা
- * অস্বস্তি বা ব্যথা স্বয়ং করা
- * সময় নিয়ে কাজটি করা
- * যেভাবে করতে চান, সেভাবে করতে না পারা

উত্তরপ্রদানকারীকে বলুন:

যখন উত্তর দিবেন বিগত ৩০ দিনের কথা চিন্তা করে বলবেন। সাধারণত: কাজটি করার সময় ৩০ দিনের গড় অসুবিধার কথা বলবেন।

ক্লাশকার্ড # ২ দেখান ও নির্দেশ করুন-

উত্তর দেয়ার সময় নিম্নলিখিত মাপকাঠি ব্যবহার করুন।

মাপকাঠিটি উচ্চস্বরে পড়ুন:

কোন সমস্যা নাই, খুব অল্প সমস্যা, মাঝারি সমস্যা, তীব্র সমস্যা, প্রচণ্ড সমস্যা বা কিছুই করতে না পারা।

নিশ্চিত হোন যে সাক্ষাৎগ্রহনকালে সাক্ষাৎদানকারী যেন ক্লাশকার্ড ১ ও ক্লাশকার্ড ২ এর মাপকাঠিগুলো সহজেই দেখতে পারেন।

ধারা ৪-পর্যবেক্ষন ক্ষেত্র

ক্ষেত্র ১- বোধশক্তি

আমি এখন বোঝার ক্ষমতা ও ভাব বিনিময় বিষয়ে কিছু প্রশ্ন করছি।

উত্তর প্রদানকারীকে ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখান।

বিগত ৩০ দিনে আপনি কতটুকু সমস্যায় পড়েছেনঃ	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	ভীর্ণ সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা
০১.১ কোন কিছু করতে ১০ মিনিট মনোযোগ দিতে পারেন?	১	২	৩	৪	৫
০১.২ গুরুত্বপূর্ণ কিছু করার কথা মনে থাকে?	১	২	৩	৪	৫
০১.৩ দৈনন্দিন কাজে সমস্যা হলে বিশ্লেষণ ও সমাধান করতে পারেন ?	১	২	৩	৪	৫
০১.৪ নতুন কিছু শেখা (যেমন নতুন কোন স্থানে কি করে যেতে হয়)?	১	২	৩	৪	৫
০১.৫ সচরাচর মানুষ যা বলে, তা বুঝতে পারেন ?	১	২	৩	৪	৫
০১.৬ কোন বিষয়ে আলোচনা শুরু করতে ও চালিয়ে যেতে পারেন?	১	২	৩	৪	৫

ক্ষেত্র ২: চলাফেরা-

এখন আমি চলাফেরার অসুবিধা সম্পর্কে জানতে চাইবো।

উত্তর প্রদানকারীকে ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখান।

বিগত ৩০ দিনে আপনি কতটুকু সমস্যায় পড়েছেনঃ	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	ভীর্ণ সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা
০২.১ একটানা ৩০ মিনিট দাঁড়িয়ে থাকতে পারেন?	১	২	৩	৪	৫
০২.২ বসা থেকে দাঁড়াতে পারেন?	১	২	৩	৪	৫
০২.৩ বাড়ীর ভিতর চলাফেরা করতে পারেন?	১	২	৩	৪	৫
০২.৪ বাড়ী থেকে বাইরে যেতে পারেন?	১	২	৩	৪	৫
০২.৫ একটানা এক কিলোমিটার হটিতে পারেন?	১	২	৩	৪	৫

ক্ষেত্র ৩ নিজের যত্ন-

আমি এখন আপনার কাছে জানতে চাইবো- নিজের যত্ন নিজে নিতে পারেন কিনা।

ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখিয়ে-

বিগত ৩০ দিনে আপনি কতটুকু সমস্যায় পড়েছেন:	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	তীব্র সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা	
০৩.১	নিজে নিজে গোসল করতে পারেন?	১	২	৩	৪	৫
০৩.২	নিজে নিজে কাপড় পরতে পারেন?	১	২	৩	৪	৫
০৩.৩	নিজে নিজে খেতে পারেন?	১	২	৩	৪	৫
০৩.৪	দিন কয়েক একা থাকতে পারেন?	১	২	৩	৪	৫

ক্ষেত্র ৪ মানুষের সাথে মানিয়ে চলা-

মানুষের সাথে থাকার ব্যাপারে কোন সমস্যা হয় কিনা সে সম্পর্কে এখন আমি আপনাকে জিজ্ঞেস করছি। অনুগ্রহপূর্বক মনে রাখবেন যে কেবল মাত্র অসুস্থতার কারণে সৃষ্ট সমস্যা সম্বন্ধেই প্রশ্ন করা হবে। এর অর্থ আমি বোঝাচ্ছি রোগ বা অসুস্থতা, আঘাত, মানসিক বা আবেগজনিত সমস্যা এবং মদ্যপান বা মাদক জনিত সমস্যা।

ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখিয়ে-

বিগত ৩০ দিনে আপনি কতটুকু সমস্যায় পড়েছেন:	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	তীব্র সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা	
০৪.১	অপরিচিত লোকের সঙ্গে আচরণে ?	১	২	৩	৪	৫
০৪.২	বন্ধুত্ব রক্ষা করতে?	১	২	৩	৪	৫
০৪.৩	পরিচিত লোকের সাথে থাকতে?	১	২	৩	৪	৫
০৪.৪	নতুন বন্ধু তৈরিতে?	১	২	৩	৪	৫
০৪.৫	যৌন কার্যকলাপে?	১	২	৩	৪	৫

ক্ষেত্র ৫ জীবনযাপন প্রণালী

৫(১) গৃহস্থালী কার্যাবলি-

এখন আমি আপনাকে গৃহস্থালী কাজের ব্যাপারে জিজ্ঞেস করবো। আপনার আপনজন যাদের সাথে আপনি থাকেন তাদের প্রতি আপনি কতটা যত্নশীল। এই কার্যক্রমের মধ্যে অন্তর্ভুক্ত রয়েছে -রাপ্তাবান্ধা, পরিষ্কার, পরিচ্ছন্নতা, বাজার, অন্যের প্রতি এবং নিজের জিনিসপত্রের যত্ন আত্তি করা।

ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখিয়ে-

বিগত ৩০ দিনে স্বাস্থ্যগত কারণে আপনি কতটুকু সমস্যায় পড়েছেন:	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	তীব্র সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা
০৫.১ গৃহস্থালী দায়িত্বগুলো পালন করতে পারেন?	১	২	৩	৪	৫
০৫.২ সবচেয়ে গুরুত্বপূর্ণ গৃহস্থালী কাজগুলো ভালভাবে করতে পারেন?	১	২	৩	৪	৫
০৫.৩ প্রয়োজনীয় সকল গৃহস্থালী কাজগুলো সমাপ্ত করতে পারেন?	১	২	৩	৪	৫
০৫.৪ গৃহস্থালী কাজগুলো যথা সম্ভব দ্রুত করতে পারেন?	১	২	৩	৪	৫

যদি ০৫.২ -০৫.৫ এর মান 'কোন সমস্যা নাই' (১) এর বেশি হয় তাহলে জিজ্ঞেস করুন-

০৫.০১	বিগত ৩০ দিনের মধ্যে কতদিন গৃহস্থালীর কাজ কম হয়েছে অথবা কতদিন কাজ পুরোপুরি বাদ গেছে।	উক্ত দিনগুলোর হিসেব লিখুন।
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যদি সাক্ষাৎদানকারী চাকুরী করেন (বেতন ভুক্ত, অবৈতনিক, স্বকর্মসংস্থান) অথবা স্কুলে যায়, তাহলে পরবর্তী পৃষ্ঠায় ০৫.৫-০৫.১০ এর প্রশ্নগুলো শেষ করুন। অন্যথায় ০৬.১-এ চলে যেতে পারেন।

৫(২) পেশাগত বা স্কুলের কাজকর্ম-

এখন আমি আপনার পেশাগত বা স্কুলের কাজকর্ম নিয়ে জানতে চাইব।

ক্লাসকার্ড ০১ এবং ক্লাসকার্ড ০২ দেখিয়ে-

আপনার স্বাস্থ্যগত সমস্যার কারণে বিগত ৩০ দিনের মধ্যে কতটুকু সমস্যায় পড়েছেন:	কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	ভীর্ণ সমস্যা	প্রচন্ড সমস্যা বা কিছুই করতে না পারা
০৫.৫ আপনার দৈনন্দিন বা স্কুলের কাজ করতে?	১	২	৩	৪	৫
০৫.৬ আপনার পেশাগত বা স্কুলের জরুরী কোন কাজ সমাধান করতে ?	১	২	৩	৪	৫
০৫.৭ আপনার প্রয়োজনীয় সকল কাজগুলো করতে ?	১	২	৩	৪	৫
০৫.৮ আপনার কাজগুলো নির্দিষ্ট সময়ে প্রয়োজনীয় দ্রুততার সাথে শেষ করতে?	১	২	৩	৪	৫

০৫.৯	শারীরিক অবস্থার কারণে আপনাকে কি আপনার মর্যাদার চাইতে নিম্নস্তরে কাজ করতে হয়?	না	১
		হ্যাঁ	২
০৫.১০	শারীরিক অবস্থার কারণে কম উপার্জন করেছেন কি?	না	১
		হ্যাঁ	২

যদি ০৫.৫-০৫.৮ এর মান 'কোন সমস্যা নাই' (১) এর চেয়ে বেশি হয় তাহলে জিজ্ঞেস করুন:

০৫.২	বিগত ৩০ দিনের মধ্যে কতদিন আপনি অর্ধবেলা বা তার বেশি সময় আপনার স্বাস্থ্যগত সমস্যার কারণে কাজ থেকে অনুপস্থিত থেকেছেন ?	উক্ত দিনগুলোর হিসেব লিখুন।
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ক্ষেত্র ৬ অংশ গ্রহন:

এখন আমি আপনাকে জিজ্ঞেস করব সমাজে আপনার অংশগ্রহন এবং আপনার নিজের ও পরিবারের উপর আপনার শারীরিক সমস্যার প্রভাব সম্পর্কে। কিছু প্রশ্ন হতে পারে বিগত ৩০ দিন আগের আপনার সমস্যা সম্পর্কে। উত্তর দেয়ার সময় অনুগ্রহপূর্বক বিগত ৩০ দিনের উপর আলোকপাত করবেন। আবারো আমি আপনাকে মনে করিয়ে দিতে চাই যে, এই প্রশ্নগুলোর উত্তরের সময় শারীরিক, মানসিক বা আবেগীয়, মদ্যপান বা মাদক জনিত সমস্যার কথা বলবেন।

ক্লাশকার্ড ০১ এবং ক্লাশকার্ড ০২ দেখিয়ে-

বিগত ৩০ দিনে:		কোন সমস্যা নাই	খুব অল্প সমস্যা	মাঝারি সমস্যা	ভীর্ণ সমস্যা	প্রচণ্ড সমস্যা বা কিছুই করতে না পারা
০৬.১	সামাজিক অনুষ্ঠান গুলোতে (যেমন উৎসব, ধর্মীয় অনুষ্ঠান বা অন্যান্য কর্মকাণ্ড) অন্যদের মত অংশ গ্রহন করতে গিয়ে কোন অসুবিধার মুখোমুখি হয়েছেন?	১	২	৩	৪	৫
০৬.২	আপনার পারিপার্শ্বিক বাধা-বিঘ্নের দরুন কতটুকু সমস্যায় পড়েছেন?	১	২	৩	৪	৫
০৬.৩	অন্যের দৃষ্টিভঙ্গি ও কাজের কারণে আপনি মর্যাদাপূর্ণ জীবনযাপনে কতটুকু সমস্যায় পড়েছেন?	১	২	৩	৪	৫
০৬.৪	আপনার শারীরিক সমস্যা ও এর ফলে উদ্ভূত সমস্যাগুলোর জন্য কতটুকু সময় ব্যয় করেন?	১	২	৩	৪	৫
০৬.৫	নিজের শারীরিক সমস্যার কারণে কতটুকু আবেগ ভারিত হন?	১	২	৩	৪	৫
০৬.৬	আপনার শারীরিক সমস্যার কারণে আপনার বা পরিবারের কী পরিমাণ আর্থিক ক্ষতি হচ্ছে?	১	২	৩	৪	৫
০৬.৭	আপনার শারীরিক সমস্যার কারণে আপনার পরিবার কতটুকু ভুক্তভোগী?	১	২	৩	৪	৫

০৬.৮	বিশ্রাম বা বিনোদনের জন্য কিছু করতে গিয়ে আপনি কতটুকু সমস্যায় পড়েছেন?	১	২	৩	৪	৫
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১	সব মিলিয়ে, গত ৩০ দিনে, মোট কতদিন উপরোক্ত সমস্যা গুলো হয়েছে?	দিনগুলোর হিসাব রাখুন।
২	বিগত ৩০ দিনের মধ্যে কতদিন আপনি আপনার সাধারণ কাজে সম্পূর্ণ অপরগ ছিলেন?	দিনগুলোর হিসাব রাখুন।
৩	বিগত ৩০ দিনের অসুস্থতার কারণে কতদিন স্বাভাবিক কাজকর্ম কম করেছেন?	দিনগুলোর হিসাব রাখুন।

সাক্ষাৎকার এখানেই শেষ। আপনাকে ধন্যবাদ।

গবেষণার বিষয়: গুলেন-বারি সিনড্রোম (জিবিএস) আক্রান্ত ব্যক্তিদের কর্মক্ষেত্রে এবং অংশগ্রহণের সীমাবদ্ধতা পরিমাপ করা।

বিভাগ: বি.এস.সি. ইন অকুপেশনাল থেরাপি

বি এইচ পি আই, সি আর পি, সাভার, ঢাকা, বাংলাদেশ ১৩৪৩

জনসংখ্যাতাত্ত্বিক তথ্যাবলী

১। কোড নং:

২। লিঙ্গ: পুরুষ / মহিলা / অন্যান্য

৩। বয়স:

৪। শিক্ষাগত যোগ্যতা: ক) স্বাক্ষর খ) প্রাথমিক গ) মাধ্যমিক ঘ) স্নাতক

৫। বৈবাহিক অবস্থা: ক) বিবাহিত খ) অবিবাহিত গ) বিবাহিত কিন্তু আলাদা থাকেন ঘ) তালাকপ্রাপ্ত ঙ) বিধবা চ) একসঙ্গে বসবাস

৬। বসবাসের স্থান: ক) শহর খ) মফস্বল গ) গ্রাম

৭। পেশা:

৮। গুলেন-বারি সিনড্রোম (জিবিএস) এর কারণ:

৯। অন্য যে কোন স্নায়বিক রোগ: হ্যা / না