# Occupational Time Use among People with Spinal Cord Injury (SCI) Living in the Community: A Cross-Sectional Study.



By

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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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# **Statement of Authorship**

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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# **List of Abbreviations**

ADLs Activities of daily livings

BBS Bangladesh Bureau of Statistics

BHPI Bangladesh Health Professions Institute

CRP Centre for the Rehabilitation of the Paralysed

IADLs Instrumental activities of daily living

ILO International Labour Organisation

IQR Interquartile Range

IRB Institutional Review Board

MOQ Modified Occupational Questionnaire

SCI Spinal cord injury

SCIDAB Spinal cord injuries Development Association Bangladesh

SD Standard Deviation

SPSS Statistical Package of Social Science

WHO World Health Organisation

#### **Abstract**

**Background:** Time use is an important issue worldwide. It is the process of choosing activities for an individual. "Time Use Patterns" are the activities that are performed in a day-to-day life. Meaningful time use provides an indicator of quality of life and is a key area of interest to occupational therapists. Time use is mandatory when a traumatic event occurs that can change lifestyle. Therefore, understanding time use for people with spinal cord injury (SCI) helps occupational therapists to design interventions in a way that the person can perform routine occupations and become a manpower for society following rehabilitation.

**Aim:** This study aimed to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

**Methods:** The study followed a cross-sectional quantitative design. Data were collected through a face-to-face survey among 116 participants who completed their rehabilitation services from the CRP. The Modified Occupational Questionnaire (MOQ) was used to determine time use among people with SCI. SPSS 20 version was used to conduct the descriptive analysis and crosstabulation.

**Results:** According to the findings, individuals with SCI spend an average of 9.0 hours resting, 7.5 hours working, and 5.0 hours on self-care, 3.0 works on unpaid work, housework, and leisure activities (chilling/doing nothing). Additionally, 2.0 hours are spent on recreation or leisure, while 1.5 hours are spent on both studying and travelling. One hour is dedicated to caring for others, playing with children, participating in sports, and socialising. In summary, people with SCI spent most of their time in resting and

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least of their time in caring for others, playing with children, participating in sports, and

socialising. Although it seems that they spent less time in working than the rest, it is

close to the standard working time as suggested by the International Labour

Organisation (ILO).

Conclusion: The study contributed to a better understanding of the time use of

individuals with SCI. By identifying the time usage patterns of individuals with SCI

living in the community, the study can raise awareness about time management among

people with SCI in Bangladesh and how occupational therapists can empower them

during rehabilitation for better time use in different occupations in the community.

**Keywords:** Time use, Spinal Cord Injury, Community, Disability.

## **CHAPTER I: INTRODUCTION**

## 1.1 Background

Spinal cord injury (SCI) is a devastating and burdensome life-threatening condition that has a profound impact on morbidity and mortality (Goel et al., 2016; Hossain et al., 2016; Rahman et al., 2017). It is a life-long disability. Patients with SCI often experience debilitating neurological abnormalities that negatively impact their physical, psychological, social, and economic well-being (Gurcay et al., 2010; New et al., 2013; Smith et al., 2013). There are various secondary complications that SCI patients may experience, including pressure sores, urinary problems, sexual dysfunction, and bowel and bladder issues. Some of these complications can be prevented, while others may require readmission to the hospital. These complications can lead to significant disability, morbidity, dependence, and even mortality (Rahman et al., 2018). The degree of disability increases as the level of the spinal cord lesion gets higher, and the injury becomes more severe (Barclay et al., 2011). It affects the everyday activities of people with SCI and their ability to perform tasks and carry out everyday life roles.

According to the World Health Organization (WHO), between 250,000 and 500,000 people globally suffer from SCI every year. The incidence rates of SCI in Asia range from 12.06 to 61.6 per million, with the average age of those affected being between 26.8 and 56.6 years (Ning et al., 2012). In Bangladesh, the Centre for the Rehabilitation of the Paralysed (CRP) is the only comprehensive rehabilitation centre for people with SCI (CRP - Centre for the Rehabilitation of the Paralysed / CRP BANGLADESH, n.d.). It is known as the mother organization in Bangladesh for the rehabilitation of people with SCI.

A study showed that out of 2184 respondents in CRP, 86.8% were male, and 13.1% were female. Most respondents were in 20-29 years (25.7%), followed by 30-39 years (24%) and 40-49 years (18.8%). 69.2% were from rural areas, and 26.6% were from urban areas. 51.9% had traumatic paraplegia, 42.6% had traumatic tetraplegia, and other diagnoses included non-traumatic paraplegia (4.12%) and non-traumatic tetraplegia (1.14%). Causes of SCI were falls from height (45.4%), road traffic accidents (25.9%), falls of an object over the head or back (17.8%), and bull attacks (1.83%) (Rahman et al., 2017). Another study examined the demographics and clinical characteristics of 3035 individuals with SCI in Bangladesh between 2018 and 2022. The data was collected from medical records and verified through telephone calls. Nearly half of the individuals (48.30%) were located in the Dhaka Division, with males outnumbering females by nearly 2.5 times. Falls from height and road traffic trauma were the most common causes of traumatic injuries, while degenerative myelopathy was the most frequent cause of non-traumatic SCI (Uddin et al., 2023).

The pace of life makes a connection with the biological rhythms (tempo), from the subjective perception of the past, present, and future (temporality) and what an individual does with their time and why (time use) are central to the philosophies of occupation (Farnworth, 2003). Occupational time use refers to how a person spends his/her time in which occupation at 24 hours period (Barclay et al., 2011a; Eklund et al., 2009; Leufstadius et al., 2008; Pentland et al., 1998; Persson et al., 2001). Humans are occupational beings, engaging in various occupations such as self-care, play, leisure, paid work, volunteer work, caring for others, sleep, and social participation (Barclay et al., 2011). Time use is an essential aspect of daily life that encompasses all the activities individuals engage in

throughout the day. For individuals with SCI, time use patterns can be significantly impacted due to physical limitations, functional impairments, and psychological factors associated with the injury. Occupational therapy plays a vital role in addressing these challenges and promoting meaningful engagement in activities that enhance independence, productivity, and overall well-being. In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to want to do and are expected to do (Boop et al., 2020). Occupational therapy involves identifying and analysing the types of occupations clients engage in, which can be categorised into activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation (Boop et al., 2020). These occupations occur in contexts and are influenced by performance patterns, skills, and client factors. Occupational therapy practitioners assess the client's ability to engage in occupational performance, which is the achievement of the selected occupation resulting from the dynamic transaction among the client, their contexts, and the occupation. Occupations can support or promote other occupations, such as leisure and work, and can be shared or done with others, such as co-occupations (Boop et al., 2020). Researc h has consistently shown that effective time management improves health and overall well-being (Wilcock, 2005, 2007). Engaging in meaningful activities structured to provide a sense of accomplishment and enjoyment can significantly enhance one's well-being (Hammell, 2014). However, more research is needed to understand how the timing of activities can influence health (Pemberton & Cox, 2011). When there is a problem with managing time, it can disrupt one's daily routine and affect activity patterns

(Taylor & Kielhofner, 2017). Understanding these temporal activity patterns, which refer to the time aspect of activity performance and examine the personal nature of the activity in terms of frequency, duration, and organisation (Taylor & Kielhofner, 2017), can have practical implications for improving self-perception, personal values, and interests. Developed countries like Canada, the US, the UK, and Australia recognise the importance of time use data in informing planning services, policy making, and resources (Barclay et al., 2011a). Few studies indicate significant differences in the use of time between people with and without disabilities. It is crucial to understand how individuals with disabilities organise their daily lives, what constitutes temporal balance and imbalance for them, and what constitutes healthy and unhealthy behaviours. Activity pattern/time use studies can help identify necessary interventions and intervention strategies (Pentland et al., 1998). Understanding the temporal adaptation concept and demonstrating the temporal pattern of individuals can add a wider perspective to interventions, thus enabling clinicians to plan strategies to increase the wellness and participation of individuals. Therefore, the present study aims to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

# 1.2 Justification of the Study

Time use research in the Bangladeshi community helps us to understand how people with SCI spend time in their daily lives and helps us identify in which occupational area (activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation) they spend more time. From this research, occupational therapists can analyse how people allocate their time to activities, places, and interactions, which allows them to understand

the impact of disability on their participation in activities and enables them to understand how productive a life they lead. Time use is also an indicator of quality of life. It helps occupational therapists to plan better for rehabilitating people with SCI to improve their quality of life.

## 1.3 Operational Definition

# 1.3.1 Occupational Time Use

Occupational time use refers to how a person spends his/her time in which occupation at 24 hours period (Barclay et al., 2011; Eklund et al., 2009; Pentland et al., 1998).

# 1.3.2 Spinal Cord Injury

Temporary or permanent damage to the spinal cord that causes changes in its function is known as a Spinal Cord Injury (SCI). The changes cause loss of muscle function, sensation, or function in parts of the body served by the spinal cord below the level of the lesion (*Mayo Clinic*, 2021).

#### 1.3.3 Community

A common definition of community emerged as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings (MacQueen et al., 2001).

# 1.4 Aim of the Study

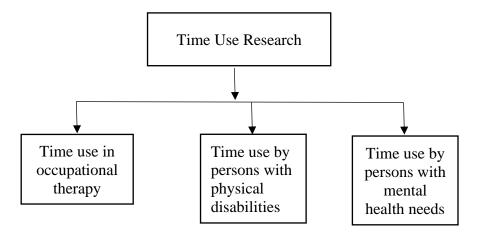
To find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

# **CHAPTER II: LITERATURE REVIEW**

The chapter reviews the existing literature regarding time use. The student researcher searched PubMed, Embase, CINHAL, and Google Scholar to find relevant articles regarding this topic.

Figure 2.1

Overview of Literature Review



# 2.1 Time Use in Occupational Therapy

Occupational therapy is based on the idea that participation in one's occupations or daily tasks is related to satisfaction (Yerxa, 1967). Occupational therapy has focused on the degree to which a person's use of time contributes to his or her healthfulness since the time of Adolph Meyer and Eleanor Clark Slagle (Kielhofner, 1977). To promote well-being and establish a balance with the natural cycles of the world, occupational therapy pioneers suggested that individuals with chronic disabilities should integrate work, play, relaxation, and sleep into their daily routine (Meyer, 1922). So, it is said that Occupational Therapy is

related to the use of time from the beginning.

# 2.2 Time Use Research by Persons with Physical Disabilities

A cross-sectional study was conducted in Toronto, Canada, with the purpose of this study to determine the influence of the time use of men with SCI along with other factors generally accepted to influence health and well-being (socioeconomic status, severity of disability, social support) on health and well-being. A total of 312 men with SCI aged 15 years or older who had no documented evidence of known cognitive or psychiatric impairment documented on their medical records and who lived in the community were recruited through the records of Lyndhurst Spinal Cord Centre (LSCC) in Toronto, Canada. The result of this study was that the mean time in hours allocated by the sample to the four occupational areas were: sleep 8.5, personal care 3.7, productivity 4.7, and leisure 7.2. Outcomes regressed on socio-economic status (income, education, financial stress)- 39% for life satisfaction, with the most significant predictor being perceived financial stress; 11% for perceived health, with the most significant predictor being perceived financial stress; 7% for adjustment to disability, with the most influence significant predictor being perceived financial stress; social support (emotional, informational, practical)- 65% for life satisfaction, with all three social support variables being highly significant 29% for adjustment to disability; emotional support being significant 28% for perceived health; emotional and practical support being significant (Pentland et al., 1998). Another crosssectional study was also conducted in Toronto, Canada, with the aim of making new and critical contributions to the present understanding of the disability experience and how individuals cope. A total of 312 men with SCI aged 15 years or older who had no evidence of known cognitive or psychiatric impairment documented on their medical records and

lived in the community were recruited through Lyndhurst Spinal Cord Centre (LSCC) records in central Ontario, Canada. The time use data of the SCI subjects were compared with those without disabled men (n=3617). The result of this study was the SCI subjects spent time on average 1.5 hours more doing personal care spending, approximately 1 hour a day more in leisure, and 3 hours a day less in productivity-related activities than those without disability sample; the mean sleep time difference was half an hour greater for those with a disability, productivity time lies with paid work, where the people without disability spent on average 2.7 hours more each day, media and communications, with the subjects with SCI spending on average 1.3 hours more time each day. Amounts of time spent in personal care by the two groups (with disability=3.7 hours), (without disability=2.3 hours); the average productivity: leisure ratio for without disability sample was 3:2, and the average ratio for with disability sample was 1:5. The relationship between socioeconomic status and satisfaction with the balance of time use (Pentland et al., 1999).

A study was conducted in Australia aimed to measure the time use, roles and life satisfaction of people following stroke and to determine whether these differed from a comparable group without stroke. 23 participants had to be selected, aged 65 years or older, be living in the community and have had a stroke within the last 1–3 years also required sufficient English language skills to participate in an interview and have not any cognitive impairments that would interfere with their ability to consent to participate in the study or complete the interview. The result of this study was-participants spent most time engaged in sleep (7.2 hours/day), solitary leisure (7.1 hours/day), social leisure, BADL and IADL, ranging from a mean of 3.0 hours/day for social leisure to 1.3 hours/day for IADL. Participants with stroke spent significantly less time in sleep, IADL, and volunteer work

and significantly more time at home, with others, and engaged in solitary leisure compared to the sample without stroke (Mckenna et al., 2009). Another study was conducted in Sweden with 44 women with limited systemic sclerosis, aged between 24 to 60 years; aimed of this study was to describe activity level and occupational balance in women with limited systemic sclerosis and to investigate the relationship between these occupational factors. The result of this study was-Occupational factors (Activity level and Occupational balance), Activity level: The women's ADL capacity was overall good (all women had performed occupations within self-care and household chores, 82% had been working, 48% had performed occupations within repairs and gardening, 89% had engaged in 'independent leisure occupations' and 41% had attended organised leisure occupations); Occupational Balance: women spent time in Obligatory occupations (in self-care 1.5 hours, household chores 3 hours, paid work 6.25 hours), leisure 3 hours, rest 2 hours and Sleep 8.25 hours. This study showed that women with limited systemic sclerosis had a high level of activity and were satisfied with their daily occupations. They spent more time working, which was related to greater well-being and greater satisfaction with occupations in general (Sandqvist & Eklund, 2008). A study was conducted in Melbourne, Australia, with 37 people with severe Traumatic Brain Injury (TBI) aged 17 to 62 years aimed to compare the time use of 37 people more than three years post-injury with time use in the general Australian population. The result of this study was- the TBI sample spent more time sleeping, performing health care activities, eating, and drinking than the general population; the TBI sample also spent more time alone (39.7%), whereas the general population spent time alone (17.2%) and less time with relatives than the general population. The TBI sample also spent less time completing employment-related activities and attending sports events. The TBI sample was also compared with the unemployed people in the general population; these analyses showed that the TBI sample spent significantly more time on personal care tasks, social and community interaction and less time on recreation than people who are not employed (Winkler et al., 2005).

#### 2.3 Time Use Research by Persons with Mental Health Needs

A qualitative study was conducted in Sweden with the purpose of this study was to provide insight into how a group of men and women with schizophrenia engaged in occupations, interacted with their environment and endeavoured to make sense of their experiences. 10 men and 10 women were selected through stratified purposive sampling from a group of 74 people who participated in a larger investigation; the criteria set for selection were a diagnosis of schizophrenia based on DSM-IV-TR (American Psychiatric Association, 2000) and an age between 20 and 55 years. Among 20 participants, 14 were unemployed, 2 were students, and 4 participants had casual or sheltered work. The results of this study were among 20 participants 3 participants (2 females, 1 male) were largely disengaged throughout waking hours and occupations performed with no sense of meaning; 7 participants (2 females, 5 males) were disengaged during some part of the waking hours and occupation performed with a little sense of meaning; rest 10 participants (6 females, 4 males) being largely engaged throughout waking hours and occupation performed with a sense of meaning (Bejerholm & Eklund, 2006). Another cross-sectional study was conducted in Sweden, the aim of the present study was to investigate how balance in daily activities, operationalised as the time spent in the activity categories of work/ education, self-care/self-maintenance, play/leisure, rest/sleep, as well as the daily rhythm they

develop, was associated with sociodemographic and clinical factors in people with persistent mental illness. 389 individuals were selected from the register at a psychiatric outpatient unit in southern Sweden with an age of 20 to 55 years and were subsequently grouped into three strata (1st group comprised 111 individuals engaged in employment or studies for 10 hours/week or more; 2<sup>nd</sup> group comprised 55 individuals attending community-based activity centres for 10 hours/week or more and 3<sup>rd</sup> group consisted of 223 individuals without regular or structured activities or activities comprising less than 10 hours/week). The participants included in the study were randomly selected from these strata until 35 participants from each group had agreed to participate. 2 participants had to be excluded from the study after data collection because of a diagnosis of learning disabilities, so this study was based on 103 subjects who agreed to participate. The results of this study indicated that younger people spent more time asleep; women spent more time than men on self-care/self-maintenance; individuals with psychoses spent less time in work/education than those with non-psychotic conditions; individuals with psychoses spent more time asleep than the others and significant correlation was found between more negative symptoms and more time spent asleep (Leufstadius & Eklund, 2014). A study was conducted in Japan with 89 participants (54 men and 35 women) who lived in Sapporo, Japan, with the purpose of describing the time use of individuals with schizophrenia who are living in the community. The results showed that people with schizophrenia spent more time in sleep and passive leisure and less time in work, as compared to people without mental illness; unemployed participants with schizophrenia not only participated in less work activity but also participated in more passive leisure activities than people with the employed group. Among the NHK sample of people with a work-related routine (NHK-R)

group, the NHK-NR group, people with schizophrenia with a work-related routine (SC-R), SC-NR group: NHK-NR group and SC-NR group spent more time in work-related routine in homemaking, socialisation, play and mass media activities, including watching and listening to television, radio and music programs; People with SC-NR group spent more time in socialisation than NHK-NR group; SC-R group was spend significantly more time in sleep, homemaking and rest than the NHK-R group; NHK-R group spent significantly more time in work, transportation, self-care, socialisation, meals and play while NHK-NR group spent more time in the other categories, such as mass-media, sleep, play, meal, rest, homemaking, treatment, socialisation, and volunteer activities; SC-R group was found to spend significantly more time in work and transportation than the SC-NR group (Minato & Zemke, 2004). Another study was conducted in North London with 229 participants (192 community residents, 28 attended a day centre and 37 hospital inpatients), a broad diagnosis of schizophrenia aged 19 to 89 years, aimed to examine the time use of adults diagnosed with schizophrenia within an urban population. The result of this study was that the overall time used by people with Schizophrenia was mostly spent in sleeping (mean-9.66 hours), eating and personal care (mean- 3.14 hours), passive leisure (mean- 2.78 hours); relatively little (less than half an hour) time was spent participating in either active leisure or productive occupations (paid or unpaid work or education). Men spent almost identical amounts of time in sleeping and education-related occupations, whereas women engaged in significantly more domestic occupations. There were also significant differences in time spent across the age groups, with the youngest age group spending most of their time socialising, whereas the oldest age group spends most of their time in passive leisure. The inpatients spent significantly less time in domestic occupations than the

community residents but more time in active leisure, occupation, sleep, eating and personal care (Shimitras et al., 2003).

#### 2.4 Key Gaps of the Study

- There were only nine studies available regarding time use.
- There were Only two studies were conducted including people with SCI, and both
  of them were conducted in a rehabilitation centre in Canada.
- Among the nine studies, three were conducted in Sweden, two in Canada and Australia, and one in North London and Japan. However, all of these were conducted in high-income countries, so the results could not be replicated in lowincome or least-developed countries.
- All of these studies addressed only time use, but they did not address the values, interests, priorities, or performance behind each activity.
- In Bangladesh, no study has been conducted on time use among people with SCI.

## CHAPTER III: METHODOLOGY

## 3.1 Study Question, Aim, Objectives

#### 3.1.1 Study Question

How do people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community?

#### 3.1.2 Aim

To find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

#### 3.1.3 Objectives

- To calculate how much time they are spending in which area.
- To identify how meaningful and purposeful occupations are to them.
- To assess why occupations are meaningful and purposeful to them.
- To assess the value of occupations.
- To examine how much occupations are valuable to society.

# 3.2 Study Design

#### **3.2.1** *Method*

Quantitative research is a systematic method of investigating social phenomena by using numerical data. It uses numeric patterns to explore psychological, social, and economic processes. The quantitative study aims to measure and gather data and analyse them to identify things and relationships. Quantitative research is used to explore personal, psychological, social, and economic processes. This involves gathering quantitative data

(such as personal income or using a scale to measure depression) to conduct statistical analyses. It also involves methodologies like questionnaires, structured observations, and experiments and is distinguished from qualitative research (Ahmad et al., 2019). In this study, the aim of the student researcher is to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community. The student researcher included 116 participants, which aligns with the characteristics of a quantitative study; therefore, the student researcher selected this method for this study.

# 3.2.2 Approach

The study followed the cross-sectional study approach. The student researcher chose this approach because the researcher selected a population of persons with SCI from the community who completed rehabilitation services from CRP, a specific rehabilitation centre and collected data in a single period of time. Student researcher analysed data over a period of time across a sample population to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community. This is similar to a snapshot (Wang & Cheng, 2020). The aim of the study was achieved with a cross-sectional approach; therefore, the student researcher selected this approach for this study.

# 3.3 Study Setting and Period

#### 3.3.1 Study Setting

The student researcher conducted a survey of the community at Dhamrai, Savar, Singair, Manikganj Sadar upazila in Dhaka and Manikganj district.

#### 3.3.2 Study Period

The study period was between May 2023 and February 2024, and the data collection period was 1<sup>st</sup> December 2023 to 31<sup>st</sup> December 2023.

# 3.4 Study Participants

#### 3.4.1 Study Population

The population of the study are people with SCI who completed their in-patient rehabilitation service from CRP.

# 3.4.2 Sampling Techniques

Convenience sampling was used to conduct this study. In convenience sampling, participants are selected based on their availability and willingness to take part (Wang & Cheng, 2020). The student researcher selected convenience sampling because the study had some inclusion and exclusion criteria, and data was collected based on participants availability and their willingness. Therefore, convenience sampling was the most suitable sampling technique to select the participants for this study.

#### 3.4.3 Inclusion Criteria

- People with SCI, both men and women, and both tetraplegia and paraplegia who lived in the community.
- People with SCI were adult age of 18 years or older.
- People with SCI received in-patient rehabilitation services from the Centre for the Rehabilitation of the Paralysed (CRP).

#### 3.4.4 Exclusion Criteria

- People with SCI who had been diagnosed with cognitive problems.
- People with SCI received rehabilitation services from out-patient unit of CRP.

#### 3.4.5 Sample Size

$$n = \frac{Z^2 pq}{d^2}$$

Here,

n= sample size

Z= the standard normal deviation usually set at 1.96

p= 0.48, though the prevalence of SCI in the Dhaka division was found to be 48.30% (Uddin et al., 2023).

Q=(1-p)=0.52; the proportion in the target population not having the characteristics.

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

According to this equation, the sample should be 384 participants. Because of the short time, the student researcher reached 127 participants. Among 127 participants, the student researcher could collect data from 116 participants for this study because 11 participants did not match the criteria for the scale (for the details of participants recruitment process see section 3.6.1).

#### 3.5 Ethical Considerations

#### 3.5.1 Ethical Clearance

Ethical clearance had been sought from the Institutional Review Board (IRB) explaining the study's aim, objectives, and purpose through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB form number CRP/BHPI/

IRB/10/2023/754. Permission from the Head of the Occupational Therapy Department, BHPI and Manager & Rehabilitation Wing of the Department of Rehabilitation, CRP had also taken before taking participant information (see Appendix A for more details). The ethical processes were followed according to World Medical Association (WMA) created for medical research (World Medical Association Declaration of Helsinki, 2014).

# 3.5.2 Informed Consent

The student researcher explained the aim, objectives, and purpose of the study to the participants through an information sheet (See appendix B for more deatils). The participants willingly participated in the study. Written consent was obtained from the participants during the face-to-face survey.

#### 3.5.3 Right to Refusal to Participate or Withdraw

In this study, participants had complete freedom to choose whether to participate or not. The withdrawal form was attached with the consent form, so that the participants could withdraw their participation from the study within two (02) weeks from the time of collecting data.

#### 3.5.4 Unequal Relationship

There was no opportunity for bias as the student researcher did not know the participants. So, there was no chance of having a power relationship. The student researcher used a standardized questionnaire for each participant to obtain data.

#### 3.5.5 Risk and Beneficence

The participants did not involve any risk and did not get any beneficence for participating in this study. There was no monetary or any other benefit involved in this study.

#### 3.5.6 Confidentiality

The student researcher was highly concerned about the confidentiality of the participants' information. Their name, identity, and other sociodemographic information were not disclosed to anyone except the supervisor which was clearly stated in the information sheet. Besides this, any identical information of participants' will not be revealed for future uses, such as report writing, publication, conference, media or any written or verbal discussion. The participants were clearly informed about confidentiality by an information sheet.

#### **3.6 Data Collection Process**

#### 3.6.1 Participant Recruitment Process

Figure 3.6.1

Overview of Participants Recruitment Process

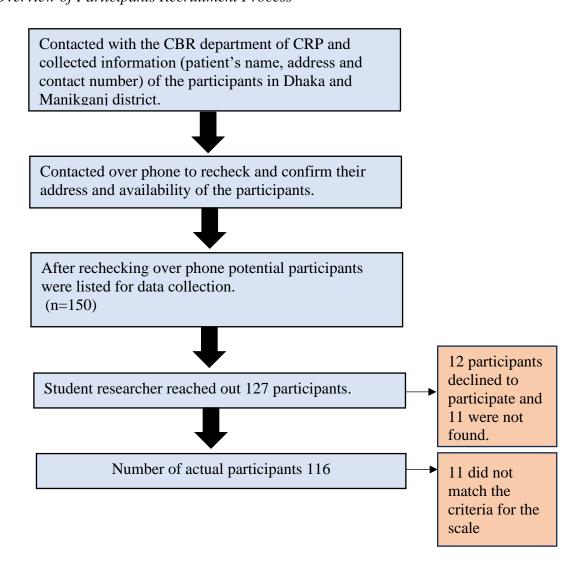


Figure 3.6.1 above explains the participants recruitment process. The student researcher collected 113 data from the community of the participants and 14 data were collected from a program of Spinal Cord Injuries Development Association Bangladesh (SCIDAB) in CRP by the student researcher through face-to-face survey. Among 127 participants 11 did not match the criteria for the scale as the day of collected data was their off day. So, in this study, the actual number of participants was 116.

#### 3.6.2 Data Collection Method

The data was collected by face-to-face survey through a socio-demographic questionnaire, and the Modified Occupational Questionnaire (MOQ) (See section 3.6.2 for the details of survey tools). The student researcher was physically present and the MOQ questionnaire was administered by the student researcher. The participants were asked to report the activities that they perform on a typical weekday on an hourly basis and the student researcher recorded their responses during face-to-face survey. Face-to-face survey maintained the quality of data and decreased the potential biasness (Doyle, 2005).

#### 3.6.3 Data Collection Instrument

#### The Modified Occupational Questionnaire (MOQ)

The MOQ was developed by Justin Newton Scanlan and Anita C. Bundy. The MOQ is a measure of meaningful time use, a crucial element of occupationally focused inquiry (Farnworth, 2003). It is a time diary that collects information about what the person was doing and how the person felt about it dimensions of time use. It showed acceptable test-retest reliability and good concurrent validity. The MOQ's psychometric properties were piloted, refined, and evaluated, allowing for deeper exploration of time use and occupational engagement. MOQ was evaluated by a panel of doctoral students and

occupational therapy academics for its face and content validity. The questionnaire was divided into four areas: activity category, reason for doing the activity, value of the activity to the individual, and perceived value of the activity to society. In modification, this questionnaire was expanded to a full 24 hours but, to minimize respondent burden, time blocks were increased from 30 min to 1 hour. A risk associated with increasing time blocks to 1 hour is that activities of short duration may be underreported. Respondents were also asked to report on what they did yesterday, rather than for a hypothetical typical day. The question related to the reason the person was doing the activity ("I had to do it," "I wanted to do it," or "I had nothing else to do") sought to examine the purposefulness of the activity. Having a reason for doing activities is likely to promote a better sense of coherence and promote best congruence between what people do and what they and others expect them to be doing. Questions related to the value of the activity (to people and their perception of the value of the activity to society, rated on a 5-point scale: 1= not at all valuable, 2= not very valuable, 3= somewhat valuable, 4= quite valuable, and 5= very valuable) tap most directly into the meaningfulness of the activity. Individually valued activities are likely to promote a better sense of coherence and congruence, and participation in activities that are valued by society are likely to be related to a stronger sense of contribution to society, connectivity, and meeting sociocultural expectations (Scanlan & Bundy, 2011) (See appendix C for the full Questionnaire).

#### 3.6.4 Field Test

The student researcher translated the questionnaire into Bengali, the native language of Bangladesh, with the help of supervisor and an author with expertise in formal Bengali writing. The student researcher conducted the field test with 2 people with SCI who living

in community. Through this field test, some changes were fixed later, which helped to maintain the question's quality.

#### 3.7 Data Management and Analysis

All data management and statistical analysis carried out by using Statistical Package for Social Science (SPSS) v20. The descriptive analysis was used to find out overall time use among the respondents and crosstabulation was used to find out the reason for doing activity, own value, and society's value. The mean and median were determined by data normality test.

# 3.8 Quality Control and Quality Assurance

The five stages of data life cycle management were followed properly to ensure data quality and safety. 116 people with SCI participated. The question was given to them in paper document format with spaces for answers. All the documents were photocopied for further safety. The data collection from participants and the data entry process was non-biased. All the data was initially stored in the SPSS for analysis. These were also stored in the Google Drive storage system. The cloud system is well protected by Google securities. The proper use of the data was ensured. Any unauthorized access never occurred. All data was used as it is. Student researcher was conscious of every data use and their analysis. Neither data modification nor data exploitation was done.

# **CHAPTER IV: RESULTS**

This chapter presents the findings of the study. The study findings are presented in tables in this chapter, with an emphasis on the socio-demographic information and time use of people with SCI in Bangladesh.

**Table 4.1**Sociodemographic information of the participants [Table 4.1 extends from pages 23-24]

Variable	Category	n=116	Percentage	
Age	18-29 years	42	36.2%	
	30-41 years	38	32.8%	
	42-53 years	22	19.0%	
	54-65 years	11	9.5%	
	66-77 years	3	2.6%	
	Mean age 36.46 year	rs, SD (±13.612),	Minimum age 18 years,	
	Maximum age 75 years.			
Gender	Male	95	81.9%	
	Female	21	18.1%	
<b>Educational status</b>	Illiterate	8	6.9%	
	Signature only	22	19.0%	
	Primary	40	34.5%	
	Secondary	15	12.9%	
	Higher Secondary	15	12.9%	
	Tertiary	16	13.8%	
Marital status	Unmarried	42	36.2%	
	Married	69	59.5%	
	Separated	1	0.9%	
	Divorced	4	3.4%	
Children	Yes	60	51.7%	
	No	56	48.3%	
If yes, Number of	1-2 person	42	68.9%	
children	3-4 person	18	29.5%	
	5-6 person	1	1.6%	
Causes of injury	Traumatic SCI	107	92.2%	
- ·	Non-traumatic SCI	9	7.8%	
Type of paralysis	Tetraplegia	41	35.3%	

	Paraplegia	75	64.7%
<b>Duration since</b>	1-9 years	66	56.9%
completing	10-18 years	30	25.9%
rehabilitation	19-27 years	14	12.1%
	28-36 years	5	4.3%
	37-45 years	1	0.9%
Current	Yes	66	56.9%
employment	No	50	43.1%
If yes, type of	Service holder	21	31.8%
occupation	Business	26	39.4%
	Farmer	1	1.5%
	Student	11	16.7%
	Housewife	4	6.1%
	Day labour	1	1.5%
	Service holder and	2	3.0%
T	business	27	21.00/
Income source	Self	37	31.9%
	Family member	58	50.0%
	Self and family	21	18.1%
Manthly in same	member	116	1000/
Monthly income		116	100%
	Mean 242	214.66 taka, SD (	(±19152.07)
<b>Assistive device</b>	Yes	99	85.3%
	No	17	14.7%
If yes, type of	Wheelchair	72	62.1%
assistive device	Independent	17	14.7%
	walking		
	Elbow crutch	8	6.9%
	Single point stick	4	3.4%
	Axillary crutch	1	0.9%
	AFO	2	1.7%
	Walker/ walking	3	2.6%
	frame		
	Multiple device	9	7.8%
	users		

Table 4.1 shows an overview of the socio-demographic status of person with SCI living in community in Bangladesh. The socio-demographic status included the participant's age, gender, education, marital status, number of children, causes of injury, type of paralysis, duration since completing rehabilitation, current employment, income source, monthly

income, and type of assistive device. Among 116 SCI participant's 81.9% (n=95) were male and 18.1% (n=21) were female and the mean age of the participants was 36.46 ± 13.612 years. Most of the participant's 34.5% (n=40) completed their primary education, 19% (n=22) could write their name, 13.8% (n=16) completed tertiary (Graduation/ Postgraduation), where 6.9% (n=8) were illiterate. More than half 59.5% (n=69) were married, 36.2% (n=42) were unmarried. Most of the participants 92.2% (n=107) were traumatic SCI and 64.7% (n=75) were paraplegia. At present 56.9% (n=66) were employed and 43.1% (n=50) were unemployed. Half of the participants 50.0% (n=58) were fully dependent on their family members' income and 31.9% (n=37) were self-employed. Most of the participants 85.3% (n=99) dependent on assistive device such as wheelchair 62.1% (n=72), Elbow crutch 6.9% (n=8), single point stick 3.4% (n=4) and 7.8% (n=9) participants dependent on more than one assistive device where only 14.7% (n=17) were independent in mobility.

Table 4.2

Average Time Spent in Hours

Item	Average time (hours)
	Median with Interquartile Range (IQR)
Work	7.5 (3.00 – 9.25)
Unpaid work	3.0(1.50-7.00)
Study	1.5(1.00 - 4.50)
Housework	3.0(1.00-5.00)
Travel	1.5(1.00-1.50)
Caring for myself	5.0(4.00-6.00)
Caring for others	1.0(1.00 - 2.00)
Playing with children	1.0(1.00 - 2.25)
Sport	1.0(1.00 - 2.00)
Recreation/leisure	2.0(1.00-4.00)
Socialising	1.0(1.00 - 3.00)
Chilling/ doing nothing	3.0(1.00-5.00)
Rest	9.0 (8.00 – 11.00)

Table 4.2 provides an overview of the time allocation of individuals with SCI residing in the community of Bangladesh. This table highlights the activities that people with SCI engage in during their day. On average, individuals with SCI spent 9.0 (IQR 8.00-11.00) hours resting, 7.5 (IQR 3.00-9.25) hours working, 5.0 (IQR 4.00-6.00) hours taking care of themselves, 3.0 (IQR 1.50-7.00) hours on unpaid work, 3.0 (IQR 1.00-5.00) hours on housework, 3.0 (IQR 1.00-5.00) hours chilling, and 2.0 (IQR 1.00-4.00) hours on leisure activities. Additionally, they spent 1.5 (IQR 1.00-4.50) hours on studying, 1.5 (IQR 1.00-1.50) hours on traveling, 1.0 (IQR 1.00-2.00) hour on caring for others, 1.0 (IQR 1.00-2.25) hour on playing with children, 1.0 (IQR 1.00-2.00) hour on sports, and 1.0 (IQR 1.00-3.00) hour on socializing.

**Table 4.3**An Overview of the Most Reported Activity from 5 Am to 10 Am [Table 4.3 extends from pages 27-28]

Time	Activity	n (Percentage)	Reason for doing the activity	n (Percentage)	Own value	n (Percentage)	Society value	n (Percentage)
			I had to do it/ I wanted to do it	83 (71.4%)	Extremely valuable	68 (58.5%)	Extremely valuable	66 (56.8%)
					Quiet valuable	8 (6.9%)	Quiet valuable	8 (6.9%)
5 am	Rest	84 (72.2%)	I had nothing else to do it	1 (0.9%)	Somewhat valuable	7 (6%)	Somewhat valuable	8 (6.9%)
					Not very valuable	1 (0.9%)	Not very valuable	2 (1.7%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
		77 (66.2%)	I had to do it/ I wanted to do it	74 (63.6%)	Extremely valuable	47 (40.4%)	Extremely valuable	45 (38.7%)
			I had nothing else	3 (2.6%)	Quiet valuable	13 (11.2%)	Quiet valuable	6 (5.2%)
6 am	Rest				Somewhat valuable	13 (11.2%)	Somewhat valuable	15 (12.9%)
			to do it		Not very valuable	4 (3.4%)	Not very valuable	8 (6.9%)
					Not at all valuable	0 (0%)	Not at all valuable	8 (6.9%)
			I had to do it/ I wanted to do it	47 (40.4%)	Extremely valuable	43 (37%)	Extremely valuable	38 (32.7%)
					Quiet valuable	4 (3.4%)	Quiet valuable	9 (7.7%)
7 am	Caring for	47 (40.4%)	I had nothing else		Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)

	myself		to do it	0 (0%)	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	40 (34.4%)	Extremely valuable	36 (31%)	Extremely valuable	33 (28.4%)
					Quiet valuable	4 (3.4%)	Quiet valuable	6 (5.2%)
	Caring for	40 (34.4%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	1 (0.9%)
	myself		to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	42 (36.1%)	Extremely valuable	40 (34.4%)	Extremely valuable	38 (32.7%)
					Quiet valuable	2 (1.7%)	Quiet valuable	3 (2.6%)
9 am	Caring for	42 (36.1%)	I had nothing else to do it	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	1 (0%)
	myself				Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	36 (31%)	Extremely valuable	33 (28.4%)	Extremely valuable	31 (26.7%)
					Quiet valuable	4 (3.4%)	Quiet valuable	6 (5.2%)
10	Caring for	37 (31.8%)	I had nothing else	1 (0.9%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
am	myself	` '	to do it	- (0.270)	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)

Table 4.3 provides a summary of the most common activities reported between 5 am and 10 am. The table includes the reason for doing the activity, the number of participants, and the activity's value to both the participants and society. At 5 am, 72.4% (n=84) chose to rest, with 71.4% (n=83) reporting that they wanted to do so, and 58.5% (n=68) stating that it was extremely valuable to them. At 6 am, 66.2% (n=77) participants also rested, with 63.6% (n=74) reporting that they wanted to do so, and 40.4% (n=47) stating that it was extremely valuable to them. At 7 am, 40.4% (n=47) were busy caring for themselves, with 40.4% (n=47) reporting that they wanted to do so, and 37% (n=43) stating that it was extremely valuable to them. At 8 am, 34.4% (n=40) cared for themselves, with 34.4% (n=40) reporting that they wanted to do so, and 31% (n=36) stating that it was extremely valuable to them. At 9 am, 36.1% (n=42) cared for themselves, with 36.1% (n=42) reporting that they wanted to do so, and 34.4% (n=40) stating that it was extremely valuable to them. Finally, at 10 am, 31.8% (n=37) were busy caring for themselves, with 31% (n=36) reporting that they wanted to do so, and 28.4% (n=33) stating that it was extremely valuable to them.

**Table 4.4**An Overview of the Most Reported Activity from 11 Am to 4 Pm [Table 4.4 extends from pages 30-31]

Time	Activity	n (Percentage)	Reason for doing the activities	n (Percentage)	Own value	n (Percentage)	Society value	n (Percentage)
			I had to do it/ I wanted to do it	30 (25.8%)	Extremely valuable	30 (25.8%)	Extremely valuable	30 (25.8%)
					Quiet valuable	0 (0%)	Quiet valuable	0 (0%)
			71 1 11	0 (00()	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
11 am	Work	30 (25.8%)	I had nothing else to do it	0 (0%)	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	31 (26.7%)	Extremely valuable	31 (26.7%)	Extremely valuable	31 (26.7%)
					Quiet valuable	0 (0%)	Quiet valuable	0 (0%)
12	Work	31 (26.7%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
noon			to do it	,	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	73 (62.8%)	Extremely valuable	71 (61.1%)	Extremely valuable	63 (54.2%)
					Quiet valuable	2 (1.7%)	Quiet valuable	8 (6.9%)
					Somewhat	0 (0%)	Somewhat	2 (1.7%)
			I had nothing else	0 (0%)	valuable		valuable	
1 pm	Caring for myself	73 (62.8%)	to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)

					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	35 (30.1%)	Extremely valuable	34 (29.2%)	Extremely valuable	33 (28.4%)
					Quiet valuable	1 (0.9%)	Quiet valuable	2 (1.7%)
		27 (20 1)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
_	Caring for myself	35 (30.1%)	to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	34 (29.2%)	Extremely valuable	34 (29.2%)	Extremely valuable	34 (29.2%)
					Quiet valuable	0 (0%)	Quiet valuable	0 (0%)
3 pm	Work	34 (29.2%)	I had nothing else to do it	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
5 pm	WOIR				Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	33 (28.4%)	Extremely valuable	33 (28.4%)	Extremely valuable	32 (27.5%)
					Quiet valuable	0 (0%)	Quiet valuable	1 (0.9%)
4 pm	Work	33 (28.4%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
4 հա	WOIN		to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)

Table 4.4 provides an overview of the most frequently reported activities between 11 am and 4 pm. The table includes the reason why participants engaged in the activities, the value of the activities to the participants and society, and the number of participants engaged in each activity. At 11 am, approximately 26% of the participants (n=30) were engaged in work. Among those who were working, 26% (n=30) wanted to do it, and another 26% (n=30) found it extremely valuable. At 12 noon, the most common activity was work, with 27% of the participants (n=31) engaged in it. All of them (n=31) found it extremely valuable, and 27% (n=31) wanted to do it. At 1 pm, the majority of the participants, 62.8% (n=73), engaged in self-care activities. Among them, 62.8% (n=73) wanted to do it, and 61.1% (n=71) found it extremely valuable. At 2 pm, the most common activity was caring for oneself, with 30.1% (n=35) of the participants engaged in it. Among them, 30.1% (n=35) wanted to do it, and 29.2% (n=34) found it extremely valuable. At 3 pm and 4 pm, the most common activity was work, with 29.2% (n=34) and 28.4% (n=33) of the participants engaged in it, respectively. Among them, the same percentage, 29.2% (n=34) and 28.4% (n=33) wanted to do it and found it extremely valuable.

Table 4.5

An Overview of the Most Reported Activity from 5 Pm to 10 Pm [Table 4.5 extends from pages 33-34]

Time	Activity	n (Percentage)	Reason for doing the activity	n (Percentage)	Own value	n (Percentage)	Society value	n (Percentage)
			I had to do it/ I wanted to do it	21 (18.1%)	Extremely valuable	21 (18.1%)	Extremely valuable	20 (17.2%)
					Quiet valuable	0 (0%)	Quiet valuable	1 (0.9%)
5 pm	Work	21 (18.1%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	0 (0%)
5 pm	WOIK	21 (10.170)	to do it	_	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	25 (21.5%)	Extremely valuable	15 (12.9%)	Extremely valuable	13 (11.2%)
					Quiet valuable	9 (7.7%)	Quiet valuable	2 (1.7%)
6 pm	Caring for myself	` ′	I had nothing else to do it	0 (0%)	Somewhat valuable	1 (0.9%)	Somewhat valuable	9 (7.7%)
	my sem				Not very valuable	0 (0%)	Not very valuable	1 (0.9%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	31 (26.7%)	Extremely valuable	26 (22.4%)	Extremely valuable	21 (18.1%)
					Quiet valuable	5 (4.3%)	Quiet valuable	8 (6.9%)
7 pm	Caring for	31 (26.7%)	I had nothing else 0	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
	myself		to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)

					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	26 (22.4%)	Extremely valuable	24 (20.6%)	Extremely valuable	21 (18.1%)
					Quiet valuable	1 (0.9%)	Quiet valuable	3 (2.6%)
8 pm	Caring for	26 (22.4%)	<b>T.</b> 1 1 1 1	0 (00()	Somewhat	1 (0.9%)	Somewhat	1 (0.9%)
-	myself		I had nothing else to do it	0 (0%)	Not very valuable	0 (0%)	Not very valuable	1 (0.9%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I	32 (27.5%)	Extremely	28 (24.1%)	Extremely	23
		32 (27.5%)	wanted to do it		valuable  Ouiet valuable	3 (2.6%)	valuable  Ouiet valuable	(19.8%) 6 (5.2%)
9 pm	Caring for		I had nothing else to do it	0 (0%)	Somewhat valuable	1 (0.9%)	Somewhat valuable	2 (1.7%)
-	myself				Not very valuable	0 (0%)	Not very valuable	1 (0.9%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	46 (39.6%)	Extremely valuable	45 (38.7%)	Extremely valuable	44 (37.8%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
	_		I had nothing else	3 (2.6%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
10 pm	Rest	49 (42.1%)	to do it		Not very valuable	3 (2.6%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	3 (2.6%)

Table 4.5 provides an overview of the most common activities reported between 5 pm and 10 pm. The table includes the reason for doing the activity, the participants' and society's perceived value of the activity. At 5 pm, 18.1% (n=21) people were busy with work, 18.1% (n=21) wanted to do it, and 18.1% (n=21) found it extremely valuable. At 6 pm, 21.5% (n=25) participants cared for themselves, 21.5% (n=25) expressed a desire to do so, and 12.9% (n=15) found it extremely valuable. At 7 pm, 26.7% (n=31) participants cared for themselves, 26.7% (n=31) wanted to do it, and 22.4% (n=26) reported it as extremely valuable. At 8 pm, 22.4% (n=26) participants cared for themselves, 22.4% (n=26) expressed a desire to do so, and 20.6% (n=24) found it extremely valuable. At 9 pm, 27.5% (n=32) participants cared for themselves, 27.5% (n=32) wanted to do it, and 24.1% (n=28) found it extremely valuable. At 10 pm, 42.1% (n=49) participants rested, 39.6% (n=46) wanted to do it, and 38.7% (n=45) found it extremely valuable.

Table 4.6

An Overview of the Most Reported Activity from 11 Pm to 4 Am [Table 4.6 extends from pages 36-37]

Time	Activity	n (Percentage)	Reason for doing the activity	n (Percentage)	Own value	n (Percentage)	Society value	n (Percentage)
			I had to do it/ I wanted to do it	84 (72.2%)	Extremely valuable	82 (70.5%)	Extremely valuable	81 (69.7%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
11 nm	Dogt	84 (72 20/)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
11 pm	Rest	84 (72.2%)	to do it		Not very valuable	1 (0.9%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	1 (0.9%)
			I had to do it/ I wanted to do it	104 (89.4%)	Extremely valuable	101 (86.9%)	Extremely valuable	99 (85.1%)
					Quiet valuable	1 (0.9%)	Quiet valuable	1 (0.9%)
10	<b>D</b> 4	104 (00 40)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
12 midnight	Rest	104 (89.4%)	to do it	. ,	Not very valuable	2 (1.7%)	Not very valuable	1 (0.9%)
					Not at all valuable	0 (0%)	Not at all valuable	1 (0.9%)
			I had to do it/ I wanted to do it	111 (95.5%)	Extremely valuable	109 (93.7%)	Extremely valuable	108 (92.9%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
1 am	Rest	111 (95.5%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
1 alli	ACSI	111 (33.370)	to do it		Not very valuable	1 (0.9%)	Not very valuable	0 (0%)

					Not at all valuable	0 (0%)	Not at all valuable	1 (0.9%)
			I had to do it/ I wanted to do it	110 (94.6%)	Extremely valuable	109 (93.7%)	Extremely valuable	108 (92.9%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
2 am	Rest	110 (94.6%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
			to do it		Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	112 (96.3%)	Extremely valuable	111 (95.5%)	Extremely valuable	110 (94.6%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
3 am	Rest	112 (96.3%)	I had nothing else	0 (0%)	Somewhat valuable	0 (0%)	Somewhat valuable	2 (1.7%)
			to do it	` '	Not very valuable	0 (0%)	Not very valuable	0 (0%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)
			I had to do it/ I wanted to do it	114 (98%)	Extremely valuable	112 (96.3%)	Extremely valuable	111 (95.5%)
					Quiet valuable	1 (0.9%)	Quiet valuable	0 (0%)
4 am	Rest	114 (98%)	I had nothing else to do it	0 (0%)	Somewhat valuable	1 (0.9%)	Somewhat valuable	2 (1.7%)
					Not very valuable	0 (0%)	Not very valuable	1 (0.9%)
					Not at all valuable	0 (0%)	Not at all valuable	0 (0%)

Table 4.6 provides an overview of the activities that were most commonly reported between the hours of 11 pm and 4 am. The table includes the reason for doing the activity, the value of the activity to both the participants and society, and the number of participants who engaged in the activity during each hour. At 11 pm, 72.2% (n=84) out of 116 participants reported that they were resting. All 84 of these participants said they wanted to be resting, and almost all of them 70.5% (n=82) described rest as being extremely valuable to them. At midnight, over three-quarters of the participants 89.4% (n=104) out of 116 were resting. Of these 104 participants, all of them reported wanting to be resting, and the majority 86.9% (n=101) found it to be extremely valuable. At 1 am, almost all of the participants 95.5% (n=111) out of 116 were resting. All 111 of these participants reported wanting to be resting, and the vast majority 93.7% (n=109) found it to be extremely valuable. At 2 am, 94.6% (n=110) out of 116 participants were resting, and all of them reported wanting to be resting. Almost all of them 93.7% (n=109) found it to be extremely valuable. At 3 am, almost all of the participants 96.3% (n=112) out of 116 were resting. All 112 of these participants reported wanting to be resting, and the vast majority 95.5% (n=111) found it to be extremely valuable. At 4 am, all but two of the participants 98% (n=114) out of 116 were resting, and all of them reported wanting to be resting. Almost all of them 96.3% (n=112) found it to be extremely valuable.

# **CHAPTER V: DISCUSSION**

The aim of the study was to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community. Face to face survey was conducted to collect information. The student researcher used the convenience sampling method around Dhaka and Manikganj districts so that the data could be easily reached.

The study conducted on 116 individuals with SCI showed that 81.9% (n=95) were male while 18.1% (n=21) were female. However, a different study conducted in Toronto, Canada excluded women and only contained 312 men with SCI (Pentland et al., 1998, 1999). The mean age of people with SCI in this study was 36.46 years with a standard deviation of ±13.612, which differs from previous studies where mean age was found to be 46.5 years with a standard deviation of ±13.5 (Pentland et al., 1998, 1999). In this study, 59.5% (n=69) participants were married, which is consistent with another study that reported 55% had a partner (Pentland et al., 1998, 1999). It is interesting to note that in this study, 35.3% (n=41) participants had tetraplegia and 64.7% (n=75) had paraplegia, which differs from other studies where the tetraplegic group was larger, such as 60% tetraplegic and 40% paraplegic (Pentland et al., 1998, 1999). The reason behind this could be due to variations in the history of accidents in different geographical locations around the world.

The study found that 85.3% of participants used assistive devices, such as wheelchairs, crutches, walking frames, single point sticks, and AFOs. 62.1% used only wheelchairs. These results align with previous studies. Additionally, 47.4% completed primary and secondary education, while 26.7% completed higher secondary and tertiary

education.

The first objective of this study was to determine the average time of people with SCI spend on different activities in a day. In this study, persons with SCI spend time (in median) on average resting (9.0 hours) and working (7.5 hours), followed by caring for themselves (5.0 hours) and doing unpaid work or housework (3.0 hours). The least amount of time is spent socializing, playing with children, sports, and caring for others (1.0 hours). In 2021, the Bangladesh Bureau of Statistics (BBS) conducted a survey on daily activities, covering 8000 households in Bangladesh and among them 49.7% men, 50.3% women, and 5 categories of age groups from 15-24 years to 65+ years. The survey covered eight divisions of Bangladesh including rural and urban areas, and only people without disabilities were included. They found people spent time on average 11.1 hours in self-care and maintenance, 3.3 hours in employment and related activities, 2.9 hours in unpaid domestic services, 2.6 hours in culture, leisure, mass-media, and sports, and 2.2 hours socialising and communication. However, the current study only includes people with SCI. Therefore, the comparison needs to be interpreted with caution (BBS, 2021).

Two previous Canadian studies have shown that men with SCI spend an average of 8.45 hours ( $\pm 1.78$ ) sleeping, 7.20 ( $\pm 3.0$ ) engaging in leisure activities such as communication, entertainment, and sports, 4.70 hours ( $\pm 3.60$ ) being productive by working, doing domestic work, education, shopping, or caregiving, and 3.70 hours ( $\pm 1.90$ ) on personal care (Pentland et al., 1998, 1999). However, there are few studies on time use among people with physical disabilities and mental health needs. One Swedish study found that women with systemic sclerosis spent an average of 10.25 hours in rest and sleep, 6.25 hours at work, 3.0 hours on both leisure and household chores, and 1.5 hours on self-care (Sandqvist & Eklund, 2008).

Another study in Australia showed that stroke patients spent an average of 7.2 hours ( $\pm 2.2$ ) sleeping, 7.0 hours ( $\pm 3.0$ ) on solitary leisure, 3.0 hours ( $\pm 2.0$ ) on social leisure, 2.9 hours ( $\pm 1.1$ ) on basic activities of daily living (BADL), 1.3 hours ( $\pm 1.2$ ) on instrumental activities of daily living (IADL) (Mckenna et al., 2009). Finally, a case-control study in Turkey comprising 50 individuals with stroke and 50 individuals without disease showed that the study group spent 10.94  $\pm 2.10$  hours of their day on rest and sleep, with no educational or leisure activities included in their routine (Yavuz Tatlı & Semin Akel, 2019). Overall, it is evident that people with physical disabilities and mental health needs tend to spend more time sleeping, which is consistent with the findings of previous studies (Leufstadius et al., 2006; Mckenna et al., 2009; Pentland et al., 1998; Sandqvist & Eklund, 2008).

The second and third objectives were to find out how purposeful and meaningful the occupations were to them and why the occupations were purposeful and meaningful. According to research, occupation refers to the things we do every day that provide us with meaning and identity (Boop et al., 2020; Taylor & Kielhofner, 2017). The activities we engage in become purposeful and meaningful when we choose to do them over other activities (Doğu & Özkan, 2023; Salvatori, 1999). This choice depends on our personal motivation, values, and interests. Some activities we may do because we have to, while others we may do because we want to, or because we have nothing else to do. This study examined the reasons behind specific activities and used the MOQ to do so. No other studies were found that mentioned the reasons behind specific activities, likely due to not using the MOQ.

The objectives of our study were to delve into the personal and societal values of different occupations. In order to understand these values, we focused on the concept of "value," which refers to what individuals find meaningful and important to do. Our

study considered two factors that motivate individuals to perform occupations: volition and habituation. Volition refers to a person's internalized thoughts and feelings about themselves as actors in their world, which motivates them to engage in specific occupations. Habituation, on the other hand, relates to an individual's readiness to exhibit consistent patterns of behavior that are guided by their habits and roles, and are fitted to the characteristics of routine temporal, physical, and social environments. This process allows people to cooperate with their environment to perform routine actions that make up everyday life. Through our study, we aimed to explore the personal and societal values of each activity that an individual engages in at a specific time. This process takes place within a social and physical context (environment) that impacts the motivation, organization, and performance of occupation. Our study is distinguished from other studies in the field because it considers both the personal and societal values of occupations, which has not been explored in other studies.

# **CHAPTER VI: CONCLUSION**

# **6.1 Strengths and Limitations**

# 6.1.1 Strengths

- As this study was the first one in the context of Bangladesh, it provided an overview of time spent among people with SCI.
- A cross-sectional study design was selected due to its affordability and flexibility in meeting the requirements of the participants. It is useful for establishing preliminary evidence that can be used in planning of further studies (Wang & Cheng, 2020).
- The study was conducted by face-to-face survey that maintained the quality of data and decreased the potential biasness (Doyle, 2005).
- Ethical approval for the study was granted by the Institutional Review Board (IRB), BHPI.
- The Modified Occupational Questionnaire (MOQ) showed acceptable testretest reliability and good concurrent validity.
- The study's purpose was clearly stated to identify the time use pattern among people with SCI living in the community.
- Time use is a core Occupational Therapy concept. So, the study will help occupational therapists to strengthen their intervention plan when they work with people with SCI.
- This study included both men and women with SCI regarding time use in a community.

#### 6.1.2 Limitations

There are some limitations of the study. They are-

- The student researcher did not maintain the gold standard of translation.
- The student researcher could not meet the actual sample size.
- The participants were based on a specific rehabilitation centre, which made the population of the study a small group of people. Hence, there was a small number of participants (n=116).
- There were multiple invalid phone numbers in the database which restricted it to reach the overall population.
- It is a new study in the Bangladeshi context. There was not enough information on time use by SCI patients in Bangladesh or this South Asian context.
- As a face-to-face survey was used, it was difficult to reach the participants and some of them could not give time and so the sample size could not be met.
- The participants were taken from a selected division. Consequently, it could not be generalized for country perspective.

# **6.2 Practice Implication**

### 6.2.1 Recommendation for Future Practice

The study provided valuable insights into individuals with SCI daily activities, overall well-being, and functional abilities. Occupational therapists can use this information to design interventions that promote independence, improve time management skills, and enhance quality of life. Understanding time use can help identify areas of difficulty and potential barriers to participation in meaningful activities, which can inform the development of client-centered treatment plans. This approach can improve outcomes and lead to a shift in focus from solely addressing physical impairments to considering broader aspects of daily life. Understanding time use can also facilitate collaboration

with other healthcare professionals to provide better care to clients (Boop et al., 2020; Taylor & Kielhofner, 2017).

In this study, the researcher found that participants were more engaged in rest, work, self-care, and leisure activities. Daily environmental disruptions and a lack of meaningful occupational opportunities may cause frustration, powerlessness, and decreased personal value. In this situation, an occupational therapist can help by arranging and reshaping the environment to promote occupational performance among people with SCI. Occupational therapists can play a vital role in developing new, innovative methods to create physical and social environments that promote greater accessibility to occupational opportunities, choices and support for people with SCI. This can help the people with SCI to overcome their participation restrictions and sustain healthier lifestyles. For people with SCI, during rehabilitation, an occupational therapist encourages them to establish and follow a daily routine, thus helping them to be productive when they return to the community. Their productive lives will make them the manpower of the community and also play a crucial role in the development of the country.

### 6.2.2 Recommendation for Future Research

After conducting the study, the student researcher would like to provide some recommendations. These are-

- A mixed method study should be conducted on this topic with a large group of samples.
- Further researchers should include government and non-government organisations who are working with people with SCI to collect data so that result will be generalized.
- Further study should investigate associations and inter-relation between sociodemographic information and time use.

### **6.3 Conclusion**

This study is the first to calculate the amount of time spent by individuals with SCI engaged in which occupational areas (activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation) in their daily lives while living in the community. The study contributed to the socio-demographic characteristics of the participants and the time use of the people with SCI in the community. This study showed that people with SCI spend more time resting (9.0 hours) and working (7.5 hours), followed by caring for themselves (5.0 hours), and the least amount of time is spent socializing, playing with children, sports, and caring for others (1.0 hours). This also contributed the own and society values of the occupations. SCI is a devasting condition that is responsible for disability and affects daily living activities. For this reason, people with SCI could not use their time purposefully. Occupational therapists should be more focused on time use when they make intervention plans for individuals with SCI that help them people with SCI to habituate in doing daily routine activities and become more productive when they return to the community. Occupational therapists should prioritize time use when designing intervention plans for individuals with SCI. This intervention plan will help people with SCI to habituate in doing daily routine activities and to become more productive when they return to their community.

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### **APPENDICES**

### Appendix A

### IRB Approval Letter



## বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/10/2023/751

Date: 18-10-2023

To

Rupam Bosu

4th Year B.Sc. in Occupational Therapy Session: 2018-19; Student ID: 122180315 Department of Occupational Therapy BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Occupational Time Use among people with Spinal Cord Injury (SCI) in the Community in Bangladesh: A Cross-sectional Study" by ethics committee.

Dear Rupam Bosu,

Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and Arifa Jahan Ema as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form

The purpose of the study is to find out how people with Spinal Cord Injury in the community in Bangladesh use their time in self-care, productivity, leisure, rest, sleep, and social participation on a day-to-day life. The study involves use of Standardized scale- Modified Occupational Questionnaire (MOQ) to measure the use of time that may take about 20 to 25 minutes to fill in the questionnaire for collection of specimen and there is no likelihood of any harm to the participants and no economical benefits for 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 23<sup>rd</sup> September 2023 at BHPI 38<sup>th</sup> 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,

Lewblancen

Member Secretary
Institutional Review Board

Muhammad Millat Hessain
Associate Professor
Project & Course Coordinator
Dept. of Rehabilitation Science
Bull (SP, Saya: Diala-1343, Bandadesh

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

#### Permission Letter from the Head of Occupational Therapy Department

Date: 18.10.2023

The Head of the Department

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343.

Subject: Prayer for seeking permission to collect data from community.

Sir,

With due respect and humble submission, I beg to state that I am a student of 4<sup>th</sup> year Occupational Therapy at BHPI which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. I am interested to conduct a quantitative study on people with Spinal Cord Injury (SCI). My research title is "Occupational Time Use among people with Spinal Cord Injury (SCI) in the Community in Bangladesh: A Cross-sectional Study". The purpose of this study is to find out how people with Spinal Cord Injury in the community in Bangladesh use their time in self-care, productivity, leisure, rest, sleep, and social participation on a day-to-day life. To find out time use of people with SCI living in community, I am using Modified Occupational Questionnaire (MOQ). Now, I am looking for your kind approval to start my data collection from community in Bangladesh.

I, therefore, pray and hope that you would be kind enough to grant me the permission for data collection and oblige thereby.

Sincerely Yours, Rupan Bosse

Rupam Bosu

4<sup>th</sup> year B.Sc. in Occupational Therapy Session: 2018-19; Student ID: 122180315

BHPI, CRP, Savar, Dhaka-1343.

Signature and comments of Head of the Department

Sk. Moniruzzaman

Associate Professor & Head

Department of Occupational Therapy

BHPI, CRP, Savar, Dhaka-1343.

### Permission Letter from the Head of Rehabilitation Department

Date: 18.10.2023

Manager and Rehabilitation Wing

Department of Rehabilitation

CRP, Savar, Dhaka-1343.

Subject: Prayer for seeking permission to collect data from community.

Sir,

With due respect and humble submission, I beg to state that I am a student of 4th year Occupational Therapy at BHPI which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. I am interested to conduct a quantitative study on people with Spinal Cord Injury (SCI). My research title is "Occupational Time Use among people with Spinal Cord Injury (SCI) in the Community in Bangladesh: A Cross-sectional Study". The purpose of this study is to find out how people with Spinal Cord Injury in the community in Bangladesh use their time in self-care, productivity, leisure, rest, sleep, and social participation on a day-to-day life. To find out time use of people with SCI living in community, I am using Modified Occupational Questionnaire (MOQ). For this reason, I need some information such as address, contact number, date of admission and discharge etc. about the potential participants. Now, I am looking for your kind approval to get details on the initial list of the potential participants from CBR Department from 2015 to 2022.

Asenst Ropan for his shiper

I, therefore, pray and hope that you would be kind enough to grant me the permission for data collection and oblige thereby.

Sincerely Yours,

Rupan Bone

Rupam Bosu

4th year B.Sc. in Occupational Therapy

Session: 2018-19; Student ID: 122180315

BHPI, CRP, Savar, Dhaka-1343.

Signature and comments of Manager and Rehabilitation Wing in Department of Rehabilitation

Salim Rahman

Manager and Rehabilitation Wing

Department of Rehabilitation

CRP, Savar, Dhaka-1343.

### Appendix B

Information Sheet, Consent and Withdrawal Consent Form (English Version)

### **Bangladesh Institute of Health Professions (BHPI)**

#### **Department of Occupational Therapy**

### CRP, Chapain, Savar, Dhaka-1343

### **Information sheet**

**Research Title:** "Occupational Time Use among people with Spinal Cord Injury (SCI) in the Community: A Cross-sectional Study".

Name of the researcher: Rupam Bosu, 4th year, Occupational Therapy Department, Roll No: 15.

**Supervisor:** Arifa Jahan Ema, Assistant Professor, Department of Occupational Therapy, Course Coordinator, M.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343.

I, Rupam Bosu, invite you to participate in the research. Before making a decision, it is important to understand the purpose of the research and your role in it. Please take the time to read the given information. Please ask me if you need any help after reading this or if you need more information.

#### **Background and Aim of this Research**

I am Rupam Bosu, studying for a B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI), which is under the Medicine faculty of Dhaka University, an academic institute of Centre for the Rehabilitation of the Paralysed (CRP). As a part of the B.Sc. course curriculum, I am going to conduct a research activity under the lecturer of occupational therapy, Arifa Jahan Ema. The research topic

is "Occupational Time Use among people with Spinal Cord Injury (SCI) in the Community: A Cross-sectional Study". This study aim is to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

### What do you do to participate in the study?

As I want to find out how people with spinal cord injuries spend their time in the community in Bangladesh, I will use a time expenditure scale related to my work. Participants must answer all the questions included in the questionnaire. It will take 20-25 minutes to answer the questions.

### Why are you invited to participate?

As the topic of my research is Occupational Time Use among people with SCI in the Community in Bangladesh, so I invite the people with spinal cord injury living in the community in Bangladesh. However, this study does not include individuals under 18 years of age, those with cognitive impairments, and those who do not receive rehabilitation services from CRP.

#### Will you have to participate?

Participation in the research is completely voluntary. Before participation consent should be taken from participants. After the participants participate, they will be accounted to answer all the questions. Participants will be given a consent withdrawal paper to cancel their participation according to their wish within two weeks after conducting the survey.

### What are the possible risks and opportunities of participation?

There is no direct opportunity for this participation that means participants will not get any financial opportunity. Apart from this, there is no negative question in the scale. Therefore, there is no physical or mental risk to participants. Furthermore, your participation in this study will reveal how people with SCI in the community in Bangladesh spend their time. That will help improve the quality of life of people with spinal cord injury living in the community.

#### Will the participation be confidential?

The Researcher will strictly maintain the secrecy of the research. The participant's names will only be cited in the consent paper, while codes will be used in the question paper to maintain confidentiality. Only the related researcher and supervisor can know about it directly. The information paper will be locked in a drawer, and the preservation of electronics will be in Occupational Therapy Department of BHPI and personal laptop of the researcher.

## What will be the result of the research?

Through this study, we will learn about how people with SCI in the community of Bangladesh spend their time, which will help to improve their quality of life. If the results show that people with SCI who are in the community in Bangladesh are much less likely to spend time properly, then we can consider this a serious problem. As a result, rehabilitation professionals will work to ensure the proper use of time and improve the quality of life of people with SCI living in the community.

#### **Promotional results**

The results of this research project will be published and presented through print media, electronic/social media, conferences, and criticism.

### If you have any questions, you can contact through the given address.

Researcher: Rupam Bosu

Bangladesh Health Professions Institute (BHPI)

B.Sc. in Occupational Therapy

Department of Occupational Therapy

Session: 2018-19, Roll No: 15

CRP, Savar, Dhaka-1343.

E-mail: rupambosu1999@gmail.com

Contact number: 01628-711263

Supervisor: Arifa Jahan Ema

Assistant Professor and Course Coordinator of M.Sc. in occupational therapy

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343.

E-mail: arifajemaotbhpi@gmail.com

Contact number: 01753-979041

### **Consent Form**

I am Rupam Bosu, a student in my final year of B.Sc in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), an academic institute of the Centre for the Rehabilitation of Paralysed (CRP), which is under the Medicine Faculty of Dhaka University. As a part of my course curriculum, I will conduct a research project under Arifa Jahan Ema, a lecturer in occupational therapy at BHPI. My Research Title is "Occupational Time Use among People with Spinal Cord Injury in the Community: A Cross-sectional Study". My study aim is to find out how people with SCI in the community use their time in day-to-day life and the temporal activity patterns of individuals with SCI in the community.

Please read the following statements and put a tik  $(\checkmark)$  on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the abovenamed study.

- a) I confirm that I have read and understood the participant information sheet for the study or that it has been explained to me and I have had the opportunity to ask questions. \_\_\_\_\_ (Yes / No)
  b) I have satisfactory answers to my questions regarding with this study. \_\_\_\_\_ (Yes/ No)
- c) I understand that my participation in the study is voluntary and that I am free to end my involvement within two weeks of data collection, or request that the data collected in the study be destroyed without providing any reason.
  \_\_\_\_\_(Yes / No)
- **d)** However, all personal details will be treated as highly confidential. I have granted access to my recorded data to the investigator and supervisor. \_\_\_\_\_\_\_(Yes/No)

<b>e</b> )	I have sufficient time to make my decision about participation(Ye		
	/ No)		
f)	I agree to take part in the above study.	(Yes / No)	
Name	e of the participant		
Signa	ture of the Participant	Date	
Signa	ture of the Researcher	Date	

## Withdrawal Form

Signature of the Researcher	Date
Signature of the Participant	Date
Name of the participant	
withdraw my consent to the use of data arising fro	om my participation.
I,	(Participant), wish to
Therapy	
Name of Student Researcher: Rupam Bosu, 4th	year student, B.Sc. in Occupational
Community: A Cross-sectional Study".	
Research Title: "Occupational Time Use among	People with Spinal Cord Injury in the

## Information Sheet, Consent and Withdrawal Consent Form (Bangla Version)

वाःलाप्नम (इलथ প্রফেসনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল খেরাপি বিভাগ

সিআরপি, ঢাপাইন, সাভার, ঢাকা- ১৩৪৩

### তথ্যপত্র

গবেষণার শিরোনাম: বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে সময় ব্যয় করে তা সম্পর্কিত গবেষণা।

গবেষকের নামঃ রুপম বসু, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ, রোল নং -১৫।
তত্বাবধায়কঃ আরিফা জাহান ইমা, সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, কোর্স
কোর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলখ প্রফেশনস ইনস্টিটিউট
(বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩।

আমি রুপম বসু, আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাচ্ছি। এই গবেষণায় অংশগ্রহণের সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে গবেষণাটির উদ্দেশ্য কী এবং এটি আপনার সাথে কীভাবে জড়িত। নিম্নলিখিত তথ্য পড়ার জন্য দয়া করে সময় নিন। এটি পড়ার পর বুঝতে কোনো প্রকার সমস্যা হলে বা আপনি আরও তথ্য জানতে চাইলে আমাকে প্রশ্ন করুন।

## আমার পরিচ্ম এবং এই গ্রেষনার উদ্দেশ্য

আমি রুপম বসু, বাংলাদেশ হেলখ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) – এ বি.এস.সি ইন অকুপেশনাল খেরাপিতে অধ্যয়নরত, যা ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধিভুক্ত এবং পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি) এর একটি একাডেমিক ইনস্টিটিউট।বি.এস.সি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপি বিভাগের প্রভাষক আরিফা জাহান ইমা –এর তত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয়– বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে দৈনন্দিন কার্যকলাপে নিজের যত্ন নেওয়া, উপার্জনশীল, অবসর, ঘুম , বিশ্রাম ও সামাজিক কাজে সময় ব্যয় করে তা সম্পর্কিত গবেষণা।

## গবেষনায় অংশগ্ৰহণ কবতে হলে কী কী কবতে হবে?

যেহেতু আমি বাংলাদেশে মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে তাদের সময় ব্যয় করছে তা থুঁজে বের করতে চাই, সেহেতু আমি আমার কাজের সাথে সম্পর্কিত সময় ব্যয় পরিমাপের স্কেল ব্যবহার করব। অংশগ্রহণকারীদের প্রশ্লাবলীতে অন্তর্ভুক্ত সমস্ত প্রশ্লের উত্তর দিতে হবে। প্রশ্লের উত্তর দিতে ২০–২৫ মিনিট সময় লাগবে।

## কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আমার গবেষনার বিষয় হল বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে সময় ব্যয় করে তা বের করা, তাই আমি এখানে বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিদের আমন্ত্রণ জানাচ্ছি। কিন্তু যাদের ব্যস ১৮ বছরের নিচে, যাদের কগ্লিটিভ সমস্যা আছে এবং যারা সিআরপি থেকে রিহ্যাবিলিটেশন সেবা নেন নি তারা এই গবেষণার আওতাভুক্ত হবেন না।

## আপনাকে কি অংশগ্রহণ কর্তেই হবে?

গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাধর্মী। অংশগ্রহণের আগে আপনার সন্মতি অপরিহার্য। তবে, অংশগ্রহনের সময় আপনাকে প্রশ্নপত্রের সকল প্রশ্নের উত্তর দিতে হবে। এছাড়াও আপনাকে

সম্মতি প্রত্যাহার ফর্ম দেওয়া হবে যাতে জরিপ পরিচালনার পর দুই সপ্তাহের মধ্যে যুক্তিযুক্ত কারন প্রদর্শনের মাধ্যমে আপনি নিজের অংশগ্রহণ বাতিল করতে পারেন।

## অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

এই গবেষণায় অংশগ্রহণের জন্য সরাসরি কোনো সুবিধা নেই, অর্থাৎ আপনি কোনো আর্থিক সুবিধা পাবেন না। এছাড়াও, জরিপ প্রশ্লাবলী ফর্মে কোন নেতিবাচক প্রশ্ল নেই। সুতরাং, আপনাদের কোন শারীরিক বা মানসিক ঝুঁকি নেই। অধিকক্ত, এই গবেষণায় আপনার অংশগ্রহণের মাধ্যমে জানা যাবে বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে তাদের সময় ব্যয় করে। যা ভবিষ্যতে অন্যান্য মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিদের জীবনমান উন্নয়নে সাহায্য করবে।

## অংশগ্ৰহণ কি গোপনীয় হবে?

গবেষক কঠোরভাবে সমস্ত তথ্যের গোপনীয়তা বজায় রাখবেন। আপনাদের নাম শুধু মাত্র সম্মতিপত্র উল্লেখ্য করা থাকবে। আপনাদের গোপনীয়তা বজায় রাখতে প্রশ্লাবলীতে সব অংশগ্রহণকারীর জন্য কোড নম্বর ব্যবহার করা হবে। শুধু মাত্র সংশ্লিষ্ট গবেষক এবং গবেষণার তত্বাবধায়ক সরাসরি এই তথ্য জানতে সক্ষম হবেন। তথ্যপত্র একটি লক করা দ্রুয়ারে রাখা হবে এবং তথ্যের ইলেক্টুনিক সংরক্ষণ বিএইচপিআই এর অকুপেশনাল খেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংরক্ষিত থাকবে।

## গবেষণাব ফলে কি হবে?

এই গবেষণার মাধ্যমে বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে সময় ব্যয় করে তা সম্পর্কে আমরা জানতে পারব, যা তাদের জীবনমান উন্নয়নে সাহায্য করবে। যদি ফলাফল দেখায় যে, বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিদের সঠিকভাবে সময় ব্যয় করার প্রবণতা অনেক কম, তাহলে আমরা এটিকে একটি গুরুতর সমস্যা হিসাবে বিবেচনা করতে পারব। এর ফলে, রিহ্যাবিলিটেশন প্রফেশনালরা মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিদের সময়ের সঠিক ব্যবহার নিশ্চিতকরন এবং তাদের জীবনমান উল্লয়নে কাজ করবে।

## প্রচারমূলক ফলাফল

এই গবেষণা প্রকল্পের ফলাফলগুলো প্রিন্ট মিডিয়া, ইলেকট্রনিক/সামাজিক যোগাযোগ মাধ্যম, সম্মেলন, জার্নাল এর মতো ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

## আপনার যদি কোন প্রশ্ন থাকে তাহলে আপনি নিম্নলিথিত ঠিকানায় যোগাযোগ করতে

### পাবেন।

### গ্বেষক:

রুপম বসু

বাংলাদেশ হেলখ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

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যোগাযোগের নম্বরঃ ০১৬২৮-৭১১২৬৩

### তত্বাবধায়কঃ

আরিফা জাহান ইমা,

সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ,

কোর্স কোওর্ডিনেটর, এমএসসি ইন অকুপেশনাল খেরাপি, বাংলাদেশ হেলখ প্রফেশনস

ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩।

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যোগাযোগের নম্বরঃ ০১৭৫৩-৯৭৯০৪১

## সম্মতিপত্র

## (অংশগ্রহণকারীর কপি)

আমি রুপম বসু, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধিভুক্ত এবং পক্ষাঘাতগ্রস্তদের পূর্নবাসনকেন্দ্র (সিআরপি) – এর একাডেমিক ইনস্টিটিউট বাংলাদেশ হেলথ প্রফেসনস ইনস্টিটিউট (বিএইচপিআই) এর বি.এস.সি ইন অকুপেশনাল থেরাপি কোর্সে অধ্যয়নরত ৪র্থ বর্ষের ছাত্র। আমার কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপি বিভাগের সহকারী অধ্যাপক আরিফা জাহান ইমা– এর অধীনে একটি গবেষনা পরিচালনা করতে যাচ্ছি। গবেষনার বিষয়ে– বাংলাদেশে অবস্থানরত মেরুরজ্বতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে সময় ব্যয় করে তা সম্পর্কিত গবেষণা। আমার গবেষনার লক্ষ্য হল– বাংলাদেশে অবস্থানরত মেরুরজ্বতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে দৈনন্দিন কার্যকলাপে নিজের যত্ন নেওয়া, উপার্জনশীল, অবসর, ঘুম , বিশ্রাম ও সামাজিক কাজে সময় ব্যয় করে তা খুঁজে বের করা।

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলো পড়ুন এবং হ্যাঁ বা না-তে টিক দিয়ে নিশ্চিত করুন যে, আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পেরেছেন এবং আপনি উপরোক্ত গবেষনায় অংশ নিতে সম্মৃতি প্রদান করছেন।

- ক) আমি নিশ্চিত করছি যে, আমি গবেষনায় অংশগ্রহণকারীদের তথ্য পত্রটি পড়েছি এবং এর লক্ষ্য ও উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবগত। এটি আমাকে ব্যাখ্যা করা হয়েছে এবং আমি প্রশ্ন করার সুযোগ পেয়েছি। \_\_\_\_\_ (হ্যাঁ/না)
- থ) এই গবেষনার সাথে সম্পর্কিত আমার প্রশ্নসমূহের সন্তোষজনক উত্তর পেয়েছি।(হাাঁ/না)

গবেষকের স্বাহ্মর: তারিখ:
অংশগ্রহণকারীর শ্বাক্ষর:
অংশগ্ৰহণকাবীৰ নাম:
<b>চ)</b> আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মত। (হাাঁ/না)
(হ্যাঁ/না)
ঙ) অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে নেওয়ার জন্য যথেষ্ট সময় পেয়েছি।
(र्जॉ/ना)
এবং গবেষণার তত্বাবধায়ককে আমার তথ্য ব্যবহার করার অনুমতি দিচ্ছি।
ष) তবে, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি গবেষক
(र्जॉ/ना)
গবেষনায় সংগৃহীত তখ্য কোনো কারণ না জানিয়ে বাতিল করা যাবে।
দুই সপ্তাহের মধ্যে আমার সম্পৃক্ততা বাতিল করতে পারব, অথবা অনুরোধ করছি যে
গ) আমি বুঝতে পেরেছি যে, গবেষনায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাধর্মী এবং আমি তথ্য সংগ্রহের

## প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

বেষনার বিষ্মঃ বাংলাদেশে অবস্থানরত মেরুরজুতে আঘাতপ্রাপ্ত ব্যক্তিরা কিভাবে সম্য
্যয় করে তা সম্পর্কিত গবেষনা।
বেষক: রুপম বসু, ৪র্থ বর্ষ, অকুপেশনাল খেরাপি বিভাগ
गमि
মংশগ্রহণকারী), আমার অংশগ্রহণ থেকে উদ্ভূত তথ্য ব্যবহারের জন্য আমার সম্মতি
ত্যাহার করতে চাই।
৷ংশগ্ৰহণকাবীৰ ৰাম:
াংশগ্রহণকারীর স্বাক্ষর: তারিথ:
বেষকের স্বাহ্মর: তারিখ:

## **Appendix C: Questionnaire**

## Sociodemographic Information (English Version)

1.	Name:	Date:
2.	Contact Number:	
3.	Age: (years).	
4.	Gender: a) Male b) Female c) Others	
5.	Address: Vill-	P/O-
	P/S-	District-
6.	Education: a) Illiterate b) Signature only c) Prima	ary d) Secondary e) Higher
	secondary f) Tertiary	
7.	Marital Status: a) Married b) Unmarried c) Wido	w d) Separated e) Divorced
8.	Do you have any Children? - Yes/No, if yes, num	ber of children:
9.	Causes of injury: a) Traumatic SCI b) Non-traum	atic SCI
10	. Type of paralysis: a) Tetraplegia b) Paraplegia	
11	. Date of injury:	
12	. Date of discharge:	
13	. Did you have any previous employment? – Yes/	No
	If yes, what type of occupation?	
14	. Do you have any current employment? - Yes/ No	)
	If yes, what type of occupation?	
15	. Monthly Income: (in taka)	
16	. Source of income:	
17	. Number of family members:	
18	. Number of earning members:	
19	. Have you used any assistive devices? - Yes/ No	
	If yes, what type of assistive device?	

## Sociodemographic Information (Bangla Version)

## ব্যক্তিগত ও আর্থ-সামাজিক অবস্থাসম্পর্কিত সাধারণ প্রশ্নপত্র

7)	নাম-	তারিখঃ
٤)	যোগাযোগের নম্বরঃ	
৩)	) ব্য়সঃবছর।	
8)	লিঙ্গঃ ক) পুরুষ থ) মহিলা গ) অন্যান্য	
¢)	ঠিকানাঃ গ্রাম– পোস	উ অফিস–
	উপাজেলা– জেল	·_
৬)	) শিক্ষাগত (যাগ্যতাঃ ক) নিরক্ষর খ) স্বাক্ষরজ্ঞান	গ) প্রাথমিক ঘ) মাধ্যমিক ঙ)
উष्ट	5 মাধ্যমিক চ) স্লাতক	
۹)	(ববাহিক অবস্থাঃ ক) অবিবাহিত খ) বিবাহিত গ	) বিধবা ঘ)পৃথক ঙ)
বিব	বাহবিচ্ছেদ	
设)	) আপনার কি কোন সন্তান আছে?– হ্যাঁ/না। যদি	হ্যাঁ হ্য়, তাহলে সন্তানের সংখ্যাঃ
••••		
จ)	আঘাতের ধরনঃ ক) ট্রমাটিক এসসিআই খ) নন	–ট্রমাটিক এসসিআই
( ٥٥	) প্যারালাইসিসের ধরনঃ ক) টেট্রাপ্লেজিয়া খ) প্যা	রাপ্লেজিয়া
77)	) আঘাতের তারিখঃ	
75)	) হাসপাতাল থেকে ছাড়পত্রের তারিখঃ	
১৩়	) আঘাতের আগে আপনি কি কাজ করতেন? – ই	ऱॉं/ना।
যদি	ন হ্যাঁ হ্য়, ভাহলে কী ধরনের পেশা?	
78)	) বর্তমানে আপনি কি কোন কাজ করেন? – হ্যাঁ/	ना।

যদি :	হ্যাঁ হয়, তাহলে কী ধরনের পেশা?
<b>%</b> ()	মাসিক আয়ঃ(টাকায়)
১৬)	আয়ের উৎসঃ
(۹۷	পরিবারের সদস্য সংখ্যাঃ
/୫)	উপার্জনকারী সদস্যের সংখ্যাঃ
79)	কোন ধরনের সহায়ক দ্রব্য ব্যাবহার করেন কি? – হ্যাঁ/না
	যদি হ্যাঁ হ্য়, তাহলে কী ধরনের সহায়ক দ্রব্য?

## Modified Occupational Questionnaire (English version)

Modified Occupational Questionnaire (Scanlan & Bundy, 2011; Smith, Kielhofner, & Watts, 1986)

BEFORE READING FURTHER, PLEASE INDICATE WHAT DAY IT IS TODAY.	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
In this section you will be ask	ted to record what you did yesterday.
Was yesterday a "typical"	
day for you?   Yes, a fairly	typical day
If yesterday was not a typical day, please describe	what made it unusual
Please use the worksheets on time doing <b>yesterday</b> .	the following pages to record the activities you spent
After listing the activities, go	back and answer the four questions about each activity.
-	eem appropriate for some of your activities, one as accurately as possible. Your answers to

What I did yesterday For the hour beginning at	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it
5:00am (please write what you did in this space)	□work □unpaid work □study □housework	☐ I had to do it	extremely valuable to me	extremely valuable to society
	□ travel □ caring for myself □ caring for others		quite valuable to me	☐ quite valuable to society
	□ playing with children □ sport	☐ I wanted to do it	me	somewhat valuable to society
	□recreation/leisure □socialising		not very valuable to me	not very valuable to society
	chilling / doing nothing rest other	∐ I had nothing else to do	not at all valuable to me	not at all valuable to society
6:00am (please write what you did in this space)	work unpaid work study housework	☐ I had to do it	extremely valuable to me	cxtremely valuable
	□travel □caring for myself		quite valuable to me	quite valuable to society
	caring for others playing with children	☐ I wanted to do it	somewhat valuable to	somewhat valuable to society
	□sport □recreation/leisure □socialising		not very valuable to me	not very valuable to society
	chilling / doing nothing rest other	☐ I had nothing else to do	not at all valuable to me	not at all valuable to society
7:00am (please write what you did in this space)	work unpaid work study housework	☐ I had to do it	extremely valuable to me	cxtremely valuable
	□travel □caring for myself		quite valuable to me	quite valuable to society
	caring for others playing with children	☐ I wanted to do it	somewhat valuable to	somewhat valuable to society
	sport recreation/leisure socialising		not very valuable to me	not very valuable to society
	□chilling / doing nothing □rest □other	☐ I had nothing else to do	not at all valuable to me	not at all valuable to society
8:00am (please write what you did in this	□work □unpaid work □study □housework	☐ I had to do it	extremely valuable to me	extremely valuable to society
space)	□ travel □ caring for myself		quite valuable to me	quite valuable to society
	□ caring for others □ playing with children	☐ I wanted to do	somewhat valuable to	somewhat valuable to society
	□sport □recreation/leisure □socialising		not very valuable to me	not very valuable to
	chilling / doing nothing rest other	☐ I had nothing else to do	not at all valuable to me	not at all valuable to society

9:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children	☐ I had to do it ☐ I wanted to do it	cxtremely valuable to me quite valuable to me somewhat valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society
	sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had nothing else to do	□ not very valuable to me □ not at all valuable to me	onot very valuable to society  not at all valuable to society

What I did yesterday For the hour beginning at	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it
10:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	catremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
11:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	cxtremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society

40.00						
12:00noon (please write what you did in this space)	□work □unpaid work □study □housework	☐ I had to do it	extremely valuable to me	☐ extremely valuable to society		
,	□travel □caring for myself		quite valuable to me	quite valuable to society		
	□ caring for others □ playing with children	☐ I wanted to do it	somewhat valuable	somewhat valuable to society		
	□sport □recreation/leisure		not very valuable to	not very valuable to		
	□socialising □chilling / doing nothing	☐ I had nothing	me	society		
	□rest □other	else to do	□ not at all valuable to me	not at all valuable to society		
1:00pm	□work					
(please write what	unpaid work			actremely valuable		
you did in this space)	□study □housework	☐ I had to do it	extremely valuable to me	to society		
space)	□travel		quite valuable to me	quite valuable to society		
	□ caring for myself □ caring for others	☐ I wanted to do	somewhat valuable	somewhat valuable		
	playing with children	it	to me	to society		
	□sport □recreation/leisure □socialising		not very valuable to me	not very valuable to society		
	chilling / doing nothing rest other	☐ I had nothing else to do	not at all valuable to me	not at all valuable to society		
2.00nm	work					
2:00pm (please write what	unpaid work			actremely valuable		
you did in this	□study	☐ I had to do it	extremely valuable to me	to society		
space)	□housework □travel		quite valuable to me	quite valuable to		
	□ caring for myself □ caring for others		somewhat valuable			
	□ playing with children	☐ I wanted to do it	to me	somewhat valuable to society		
	□recreation/leisure □socialising		not very valuable to me	not very valuable to society		
	□chilling / doing nothing □rest □other	☐ I had nothing else to do	not at all valuable to me	not at all valuable to society		
	<u> </u>	l				
WhatIdid	Loonsider this	When	Harry marriels 1	How week down		
What I did yesterday	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it		
For the hour beginning at	activity to be.	you doing it.	value it.	society value it		
3:00pm	□work					
(please write what	unpaid work		extremely valuable	actremely valuable		
you did in this space)	□study □housework	☐ I had to do it	to me	to society		
• /	□travel □caring for myself		quite valuable to me	quite valuable to society		
	caring for others	☐ I wanted to do	somewhat valuable	somewhat valuable		
	sport	n n	to me	to society		
	□recreation/leisure □socialising		not very valuable to me	not very valuable to society		
	chilling / doing nothing	I had nothing else to do	Duck of all l blad			
	□rest □other	eise to uo	not at all valuable to me	not at all valuable to society		

4:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	extremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	ctremely valuable to society cuite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
5:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	extremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
6:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	extremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
7:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	cto me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society

What I did yesterday For the hour beginning at	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it
8:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children	☐ I had to do it ☐ I wanted to do it	cto me quite valuable to me somewhat valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society
	recreation/leisure socialising chilling / doing nothing rest	☐ I had nothing else to do	□ not very valuable to me □ not at all valuable to me	not very valuable to society  not at all valuable to society
9:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself	☐I had to do it	extremely valuable to me	cstremely valuable to society
	□caring for others □playing with children □sport	☐ I wanted to do it	somewhat valuable	somewhat valuable to society
	creation/leisure socialising chilling / doing nothing rest	☐ I had nothing else to do	not very valuable to me not at all valuable to me	not very valuable to society  not at all valuable to society
10:00pm (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others	☐ I had to do it	ctremely valuable to me	cxtremely valuable to society
	playing with children sport recreation/leisure socialising chilling / doing nothing rest	it  I had nothing else to do	to me not very valuable to me not at all valuable to	osomewhat valuable to society  not very valuable to society  not at all valuable to
			me	society
11:00pm (please write what you did in this space)	work unpaid work study housework travel	☐ I had to do it	extremely valuable to me	ctremely valuable to society quite valuable to society
	caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest	☐ I wanted to do it	somewhat valuable to me not very valuable to me	somewhat valuable to society not very valuable to society
		☐ I had nothing else to do	not at all valuable to me	not at all valuable to society

12:00midnight (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	extremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
What I did yesterday For the hour beginning at	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it
1:00am	□work			

	1	ı	1	
What I did yesterday For the hour beginning at	I consider this activity to be:	Why were you doing it:	How much do you value it:	How much does society value it
1:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others	☐ I had to do it	cxtremely valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable
	□ playing with children □ sport □ recreation/leisure □ socialising □ chilling / doing nothing □ rest □ other	it  I had nothing else to do	to me not very valuable to me not at all valuable to me	osociety  not very valuable to society  not at all valuable to society
2:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest other	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	cxtremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society
3:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children sport recreation/leisure socialising chilling / doing nothing rest	☐ I had to do it ☐ I wanted to do it ☐ I had nothing else to do	cxtremely valuable to me quite valuable to me somewhat valuable to me not very valuable to me not at all valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society not very valuable to society not at all valuable to society

4:00am (please write what you did in this space)	work unpaid work study housework travel caring for myself caring for others playing with children	☐ I had to do it ☐ I wanted to do it	cxtremely valuable to me quite valuable to me somewhat valuable to me	cxtremely valuable to society quite valuable to society somewhat valuable to society
	chilling / doing nothing rest other	☐ I had nothing else to do	□ not very valuable to me □ not at all valuable to me	not very valuable to society  not at all valuable to society

## Modified Occupational Questionnaire (Bangla version)

# মডিফাইড অকুপেশনাল কোয়েন্ডেনিয়াব

(Scanlan & Bundy, 2011; Smith, Kielhofner, & Watts, 1986)

•	
পড়ার আগে, অনুগ্রহ করে আজকের দিনটি নির্বাচন করুন।	<ul> <li>□ সোমবার</li> <li>□ মঙ্গলবার</li> <li>□ বুধবার</li> <li>□ শুক্রবার</li> <li>□ রবিবার</li> </ul>
আপনি গতকাল যা যা করেছেন সে সম্পর্কে তথ্য চাওয়া হয়েছে l গতকাল কি আপনার জন্য অন্যান্য দিনের মতোই সাধারণ একটি দি ছিল?	□ হ্যাঁ, মোটামুটি অন্যান্য দিনের মতো সাধারণ দিন ছিল। □ না
যদি গতকালের দিনটি অন্যান্য দিনের মতো সাধারণ না হয়, তবে কারণগুলো অনুগ্রহ করে বর্ণনা করুন। যদি গতকালের দিনটি অন্যান্য দিনের মতো সাধারণ না হয়, তবে কারণগুলো অনুগ্রহ করে বর্ণনা করুন।	
আপনার গতকালের কাজ সম্পর্কিত তথ্যগুলো নিচের ফর্মে পূরণ ক কাজগুলি তালিকাভুক্ত করার পর, প্রতিটি কাজ সম্পর্কে উল্লেখিত চ এমনকি প্রশ্নগুলোর মধ্যে কোনটি যদি আপনার গতকালের কাজের করুন। আপনার প্রতিটি প্রশ্নের উত্তর গুরুত্বপূর্ণ।	নরটি প্রশ্নের উত্তর দিন।

গতকাল আমি যা	আমি কাজটিকে যেভাবে বিবেচনা	আপনি কেন এটা	আপনি এটাকে	সমাজ এটাকে
করেছিলাম	করিঃ	করেছিলেনঃ	কতটা মূল্যবান	কতটা মূল্যবান
(দিনের শুরুর			মনে করেনঃ	মনে করেঃ
সময়)				
ভোর 5:00	🛘 কাজ	🗆 এটা আমার	🛘 আমার কাছে	🗆 সমাজের
টা	🛘 অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	🛘 অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
করেছিলেন তা	🛘 গৃহকর্ম/ বাসার কাজ	🗆 🏻 আমি এটা করতে	🛘 আমার কাছে	🗆 সমাজের
অনুগ্রহ করে এই	🗆 ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
ঘরে লিখুন)	🛘 নিজের যত্ন নেওয়া	🛘 এটা ছাড়া আমার	🗆 আমার কাছে	মূল্যবান
	🛘 অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	🗆 সমাজের
	□ শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		🗆 আমার কাছে	মূল্যবান
	🗆 খেলাধুলা		তেমন	🗆 সমাজের
	□ বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	🛘 সামাজিকীকরণ		🛘 আমার কাছে	মূল্যবান নয়
	□ নিজের মত করে সময়		মোটেও	□ সমাজের
	কাটানো		মূল্যবান নয়	কাছে

		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
সকাল 6:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
` করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে	_	মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
সকাল 7:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে	_	মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয় আমার কাছে		কাছে তেমন মুলুবোন নুমু
		সামাজিকীকরণ				আমার কার্ডে মোটেও		মূল্যবান নয় সমাজের
		নিজের মত করে সময়				মূল্যবান নয়		ননতোর কাছে
		কাটানো				50000		মোটেও
		বিশ্রাম						মূল্যবান নয়
		অন্যান্য		-5				
সকাল 8:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য জিল		অত্যন্ত সম্প্র		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল আমি এটা করতে		মূল্যবান আয়ার কালে		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ	Ш	আম এটা করতে চেয়েছিলাম		আমার কাছে বেশ মূল্যবান		সমাজের কাছে বেশ
অনুগ্রহ করে এই		ভ্ৰমণ		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
ঘরে লিখুন		নিজের যত্ন নেওয়া		করার অন্য কিছুই	_	কিছুটা		সুমাজের
		অন্যের যত্ন নেওয়া		ছিল না		মূল্যবান	_	কাছে কিছুটা
		শিশুর/ শিশুদের/ সন্তানের সাথে খেলা				্যু জন্ম আমার কাছে		মূল্যবান
	П					তেমন		সমাজের
		খেলাধুলা বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		াবনোদন/ অবসর সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		সামাজকাকরণ নিজের মত করে সময়				মোটেও		সমাজের
	٦	কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
	_	. 9. 9						

সকাল 9:00		কাজ		এটা আমার	আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য	অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল	মূল্যবান		মূল্যবান
<sup>`</sup> করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে	আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম	বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার	আমার কাছে		মূল্যবান
۵)		অন্যের যত্ন নেওয়া		করার অন্য কিছুই	কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না	মূল্যবান		কাছে কিছুটা
		সাথে খেলা			আমার কাছে		মূল্যবান
		খেলাধুলা			তেমন		সমাজের
		বিনোদন/ অবসর			মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ			আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়			মোটেও		সমাজের
		কাটানো			মূল্যবান নয়		কাছে
		বিশ্রাম					মোটেও
		অন্যান্য					মূল্যবান নয়
সকাল 10:00		<u>কাজ</u>		এটা আমার	আমার কাছে		সমাজের
সন্দান 10:00 টা		অবৈতনিক কাজ	_	অবশ্য কর্তব্য	অত্যন্ত		কাছে অত্যন্ত
ত। (আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল	মূল্যবান		মূল্যবান
(আশান যে কাজাচ করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে	আমার কাছে		সমাজের
অনুগ্রহ করে এই		जूर कर्ण जूरा		চেয়েছিলাম	বেশ মূল্যবান		কাছে বেশ
গনুএই করে এই ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার	আমার কাছে		মূল্যবান
বরে ভাবুন)		অন্যের যত্ন নেওয়া		করার অন্য কিছুই	কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না	মূল্যবান		কাছে কিছুটা
		সাথে খেলা			আমার কাছে		মূল্যবান
		খেলাধুলা			তেমন		সমাজের
		বিনোদন/ অবসর			মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ			আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়			মোটেও		সমাজের
		কাটানো			মূল্যবান নয়		কাছে
		বিশ্রাম			~		মোটেও
							মূল্যবান নয়
F0F 44 00		অন্যান্য কাজ		এটা আমার	আমার কাছে		সমাজের
দুপুর 11:00		অবৈতনিক কাজ		অবশ্য কর্তব্য	আমার কাছে অত্যন্ত		সমাজের কাছে অত্যন্ত
টা		অধ্যয়ন/ পড়ালেখা		खर () कड़का हिल	মূল্যবান		মূল্যবান
(আপনি যে কাজটি	_			অমি এটা করতে	<sup>সুন্ত্</sup> নান আমার কাছে		সুমাজের
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		চেয়েছিলাম	বেশ মূল্যবান	_	কাছে বেশ
অনুগ্রহ করে এই		ভ্ৰমণ		এটা ছাড়া আমার	আমার কাছে		মূল্যবান
ঘরে লিখুন)		নিজের যত্ন নেওয়া		করার অন্য কিছুই	কিছুটা		সুমাজের
		অন্যের যত্ন নেওয়া		हिल <b>ना</b>	মূল্যবান	-	কাছে কিছুটা
		শিশুর/ শিশুদের/ সন্তানের		14-1-11	<sup>সুন্ত্</sup> নান আমার কাছে		মূল্যবান
		সাথে খেলা			তেমন		সমাজের
		খেলাধুলা			মূল্যবান নয়	_	কাছে তেমন
		বিনোদন/ অবসর			শূল্যান নর আমার কাছে		মূল্যবান নয়
		সামাজিকীকরণ			মোটেও		সমাজের
		নিজের মত করে সময়			মূল্যবান নয়	_	কাছে
	_	কাটানো			¢ ~ '*'		মোটেও
		বিশ্রাম					মূল্যবান নয়
		অন্যান্য					ς

ESEE 12.00		কাজ		এটা আমার		আমার কাছে		সমাজের
দুপুর 12:00		অবৈতনিক কাজ		অবশ্য কর্তব্য		আমার কাছে অত্যন্ত		সমাজের কাছে অত্যন্ত
টা		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
( ) C   S				অামি এটা করতে		<sup>সুন্তবান</sup> আমার কাছে		সুমাজের
(আপনি যে কাজটি		গৃহকর্ম/ বাসার কাজ		চেয়েছিলাম	_	বেশ মূল্যবান		কাছে বেশ
করেছিলেন তা		ভ্ৰমণ		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
অনুগ্রহ করে এই		নিজের যত্ন নেওয়া		করার অন্য কিছুই	_	কিছুটা		সুমাজের
ঘরে লিখুন)		অন্যের যত্ন নেওয়া		हिल <b>ना</b>		মূল্যবান		কাছে কিছুটা
		শিশুর/ শিশুদের/ সন্তানের		12-1-11		<sup>নূত্</sup> কানে আমার কাছে		মূল্যবান
		সাথে খেলা				তেমন		সমাজের
		খেলাধুলা				মূল্যবান নয়		কাছে তেমন
		বিনোদন/ অবসর				্যু সংস্থার আমার কাছে		মূল্যবান নয়
		সামাজিকীকরণ				মোটেও		সমাজের
		নিজের মত করে সময়				মূল্যবান নয়		কাছে
	_	का <b>णे</b> त्ना				2011111		মোটেও
		বিশ্রাম						মূল্যবান নয়
		অন্যান্য	_	-54	_		_	·
দুপুর 1:00		কাজ		এটা আমার		আমার কাছে ——		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা	_	<b>ছिल</b>	_	মূল্যবান	_	মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ	_	চেয়েছিলাম	_	বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে	_	মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না	_	মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে	_	মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে মোটেও
		বিশ্রাম						
		অন্যান্য						মূল্যবান নয়
দুপুর 2:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম _		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে	_	মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর			_	মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে	_	মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্ৰাম						মোটেও
		অন্যান্য						মূল্যবান নয়

				~ <del>~</del>				
বিকাল্ 3:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল আমি এটা করতে		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ				আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		<b>ट्यना</b> धूना				তেমন		সমাজের
		বিনোদন/ অবসর			_	মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে	_	মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
বিকাল 4:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
10111121		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
বিকাল 5:00		 কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
ত। (আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভূমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
অনুত্রহ করে ত্রহ ঘরে লিখুন)		নজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
404 10124)		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		ু মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		াবনোদন/ অবসর সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		সামাজকাকরণ নিজের মত করে সময়				মোটেও		সমাজের
		ানজের মত করে সময় কাটানো				মূল্যবান নয়		কাছে
		কাটানো বিশ্রাম				~		মোটেও
								মূল্যবান নয়
		অন্যান্য						•
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সন্ধ্যা 6:00	কাজ	এটা আমার	আমার কাছে	সমাজের
টা	অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
করেছিলেন তা	গৃহকর্ম/ বাসার কাজ	আমি এটা করতে	আমার কাছে	সমাজের
অনুগ্রহ করে এই	ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
ঘরে লিখুন)	নিজের যত্ন নেওয়া	এটা ছাড়া আমার	আমার কাছে	মূল্যবান
<b>3</b> . /	অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	সমাজের
	শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		আমার কাছে	মূল্যবান
	খেলাধুলা		তেমন	সমাজের
	বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	সামাজিকীকরণ		আমার কাছে	মূল্যবান নয়
	নিজের মত করে সময়		মোটেও	সমাজের
	কাটানো		মূল্যবান নয়	কাছে
	বিশ্রাম			মোটেও
	অন্যান্য			মূল্যবান নয়
সন্ধ্যা 7:00	কাজ	এটা আমার	আমার কাছে	সমাজের
টা	অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
` করেছিলেন তা	গৃহকর্ম/ বাসার কাজ	আমি এটা করতে	আমার কাছে	সমাজের
অনুগ্রহ করে এই	ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
<sup>তু</sup> ঘরে লিখুন)	নিজের যত্ন নেওয়া	এটা ছাড়া আমার	আমার কাছে	মূল্যবান
۵)	অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	সমাজের
	শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		আমার কাছে	মূল্যবান
	খেলাধুলা		তেমন	সমাজের
	বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	সামাজিকীকরণ		আমার কাছে	মূল্যবান নয়
	নিজের মত করে সময়		মোটেও	সমাজের
	কাটানো		মূল্যবান নয়	কাছে
	বিশ্রাম			মোটেও
	অন্যান্য			মূল্যবান নয়
রাত 8:00	 কাজ	এটা আমার	আমার কাছে	সমাজের
টা	অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
্ করেছিলেন তা	গৃহকর্ম/ বাসার কাজ	আমি এটা করতে	আমার কাছে	সমাজের
অনুগ্রহ করে এই	ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
ঘরে লিখুন)	নিজের যত্ন নেওয়া	এটা ছাড়া আমার	আমার কাছে	মূল্যবান
<b>&amp;</b> /	অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	সমাজের
	শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		আমার কাছে	মূল্যবান
	খেলাধুলা		তেমন	সমাজের
	বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	সামাজিকীকরণ		আমার কাছে	মূল্যবান নয়
	নিজের মত করে সময়		মোটেও	সমাজের
	কাটানো		মূল্যবান নয়	কাছে
	বিশ্রাম			মোটেও
	অন্যান্য			মূল্যবান নয়

রাত 9:00		কাজ		এটা আমার		আমার কাছে		সমাজের
রাও <i>э</i> :০০ টা		অবৈতনিক কাজ	_	অবশ্য কর্তব্য	_	অত্যন্ত	_	কাছে অত্যন্ত
		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
(আপনি যে কাজটি				আমি এটা করতে		শূর্ণ কারে আমার কাছে		সমাজের
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
অনুগ্রহ করে এই		ভ্ৰমণ		এটা ছাড়া আমার		আমার কাছে		
ঘরে লিখুন)		নিজের যত্ন নেওয়া			ш			মূল্যবান মুম্মকের
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই জিল ন		কিছুটা সম্প্ৰেম		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
রাত 10:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
16.11 (2.1)		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম				~		মোটেও
								মূল্যবান নয়
		অন্যান্য কাজ		এটা আমার		আমার কাছে		
রাত 11:00 		অবৈতনিক কাজ		অবশ্য কর্তব্য	ы	আমার কাছে অত্যন্ত		সমাজের কাছে অত্যন্ত
টা	_	অধ্যয়ন/ পড়ালেখা		ছিল				মূল্যবান
(আপনি যে কাজটি				<sup>।হুন</sup> আমি এটা করতে		মূল্যবান আমার কাছে		সুশ্চনান সমাজের
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		চেয়েছিলাম		বেশ মূল্যবান		গনাভোর কাছে বেশ
অনুগ্রহ করে এই		ভ্ৰমণ		এটা ছাড়া আমার		আমার কাছে		
ঘরে লিখুন)		নিজের যত্ন নেওয়া		ব্রটা খাড়া আনার করার অন্য কিছুই		আমার কাছে কিছুটা		মূল্যবান সমাজের
		অন্যের যত্ন নেওয়া		क्तात्र अन्ता सम्बूर हिल नो				গনাডের কাছে কিছুটা
		শিশুর/ শিশুদের/ সন্তানের		ारण ना		মূল্যবান		=-
		সাথে খেলা				আমার কাছে তেমন		মূল্যবান
		খেলাধুলা						সমাজের
		বিনোদন/ অবসর				মূল্যবান নয় আমার কাছে		কাছে তেমন মূলবোন ন্য
		সামাজিকীকরণ			ш	আমার কাছে মোটেও	_	মূল্যবান নয়
		নিজের মত করে সময়						সমাজের কাচে
		কাটানো				মূল্যবান নয়		কাছে মোটেও
		বিশ্ৰাম						
		অন্যান্য						মূল্যবান নয়
	l		l		l			

রাত 12:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
্ আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
<sup>`</sup> করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
<b>&amp;</b> /		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
রাত 1:00 টা		 কাজ		এটা আমার		আমার কাছে		সমাজের
(আপনি যে কাজটি		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
<sup>`</sup> করেছিলেন তা		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
অনুগ্রহ করে এই		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
ঘরে লিখুন)		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
• /		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ				আমার কাছে		মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে
		বিশ্রাম						মোটেও
		অন্যান্য						মূল্যবান নয়
রাত 2:00		কাজ		এটা আমার		আমার কাছে		সমাজের
টা		অবৈতনিক কাজ		অবশ্য কর্তব্য		অত্যন্ত		কাছে অত্যন্ত
(আপনি যে কাজটি		অধ্যয়ন/ পড়ালেখা		ছিল		মূল্যবান		মূল্যবান
করেছিলেন তা		গৃহকর্ম/ বাসার কাজ		আমি এটা করতে		আমার কাছে		সমাজের
অনুগ্রহ করে এই		ভ্ৰমণ		চেয়েছিলাম		বেশ মূল্যবান		কাছে বেশ
ঘরে লিখুন)		নিজের যত্ন নেওয়া		এটা ছাড়া আমার		আমার কাছে		মূল্যবান
		অন্যের যত্ন নেওয়া		করার অন্য কিছুই		কিছুটা		সমাজের
		শিশুর/ শিশুদের/ সন্তানের		ছিল না		মূল্যবান		কাছে কিছুটা
		সাথে খেলা				আমার কাছে		মূল্যবান
		খেলাধুলা				তেমন		সমাজের
		বিনোদন/ অবসর				মূল্যবান নয়		কাছে তেমন
		সামাজিকীকরণ -				আমার কাছে	_	মূল্যবান নয়
		নিজের মত করে সময়				মোটেও		সমাজের
		কাটানো				মূল্যবান নয়		কাছে সেটেও
		বিশ্রাম						মোটেও মূলবোন ন্য
		অন্যান্য						মূল্যবান নয়
	1		1		1		1	

ভোর 3:00	কাজ	এটা আমার	আমার কাছে	সমাজের
টা	অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
করেছিলেন তা	গৃহকর্ম/ বাসার কাজ	আমি এটা করতে	আমার কাছে	সমাজের
অনুগ্রহ করে এই	ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
ঘরে লিখুন)	নিজের যত্ন নেওয়া	এটা ছাড়া আমার	আমার কাছে	মূল্যবান
	অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	সমাজের
	শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		আমার কাছে	মূল্যবান
	খেলাধুলা		তেমন	সমাজের
	বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	সামাজিকীকরণ		আমার কাছে	মূল্যবান নয়
	নিজের মত করে সময়		মোটেও	সমাজের
	কাটানো		মূল্যবান নয়	কাছে
	বিশ্রাম			মোটেও
	অন্যান্য			মূল্যবান নয়
ভোর 4:00	কাজ	এটা আমার	আমার কাছে	সমাজের
টা	অবৈতনিক কাজ	অবশ্য কর্তব্য	অত্যন্ত	কাছে অত্যন্ত
(আপনি যে কাজটি	অধ্যয়ন/ পড়ালেখা	ছিল	মূল্যবান	মূল্যবান
করেছিলেন তা	গৃহকর্ম/ বাসার কাজ	আমি এটা করতে	আমার কাছে	সমাজের
অনুগ্রহ করে এই	ভ্ৰমণ	চেয়েছিলাম	বেশ মূল্যবান	কাছে বেশ
ঘরে লিখুন)	নিজের যত্ন নেওয়া	এটা ছাড়া আমার	আমার কাছে	মূল্যবান
	অন্যের যত্ন নেওয়া	করার অন্য কিছুই	কিছুটা	সমাজের
	শিশুর/ শিশুদের/ সন্তানের	ছিল না	মূল্যবান	কাছে কিছুটা
	সাথে খেলা		আমার কাছে	মূল্যবান
	খেলাধুলা		তেমন	সমাজের
	বিনোদন/ অবসর		মূল্যবান নয়	কাছে তেমন
	সামাজিকীকরণ		আমার কাছে	মূল্যবান নয়
	নিজের মত করে সময়		মোটেও	সমাজের
	কাটানো		মূল্যবান নয়	কাছে
	বিশ্রাম			মোটেও
	অন্যান্য			মূল্যবান নয়

## **Appendix D: Supervision Contact Schedule**

			Bangladesh Health Prol Department of Occup 4 <sup>th</sup> Year B. Sc in Occup OT 401 Researc	ational The pational The	rapy		
		Thesis Supe	rvisor- Student Contact; face to	face or elec	tronic and guidance re	aard	
Title	of thesis: (	in B Rupam	nal time use am Pangladesh - A Caoss-Se	rong pectional	study."	SCI liv	ing in co
Name	and design	nation of the	is supervisor: 1.0 T1	France			
7	o uno deoig		sis supervisor: Anifa Jahan Annistant Prof Dept. of Oc	ferror on expational	& Co-ordinator of Therapy.	MOT PR	rogram
Appointment No	Date	Place	Anishaux Prof Dept. of Oc Topic of discussion	fevor on eupotional Duration (Minutes/ Hours)	L Co-ordinator of Therapy .  Comments of student	Student's signature	Thesis supervisor signature
			Applicated Prof Dept. of Oc	fevor on expational Duration (Minutes/	L Co-ordinator of Therapy.  Comments of student  Ground	Student's	Thesis supervisor signature
Appointment No	Date	Place	Annindust Prof Dept. of Oc Topic of discussion  Prevalence of pressure none	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature

4	09.09.23	BHPI	on 07 time use	1 how	Effective discussion	Rupon Born	Zma
5	10.09.23	BHPI	Article, Methodology, Aim and Objective	1.5 hour	Aim, objective, Mathodology	Rupan Bon	Ayur
6	13-09-23	BHPI	Aim, Objective, Liderature matrix, Method	20 min		Рират Вож	Ajua
7	17.09.23	ВНРІ	Theme of literature neview	1 hour	Liturature Review	Rypam Born	Ama
8	21-09-23	BHPI	Research Litwe goal	30 min	Help if want to published	Rupam Ban	Jones
9	26-10-23	BĦPI	Field feest Sociodemographie and NOQ questionnaire check (Bayla receipt	1 howe	Preparation for field test	Rupour Som	Agua
10	26.10.23	BAPI	Chech the field	I howe	Preparation for data collection	Bypam Bar	- Dan
11	17-1-25	BHPI	Analysis - Sociodemographic information and Atla	15 minutes	For analysis of the total data	Repair Box	4 Am
12			input procedure		- to find out hour will - Analysis and writing of rocioding prophic data	Herns	
13	19.01.29	BHPI	Discuss about 1st chaft	1 howe	cret some feedbace which need to consee	k Rupam B	ama Ama
14	31.01.29	BHPI	Feedback on 1st draft	2 hows	Got some feedbar which need to con	ele Rupam.	Bose April

15	15.02.29	BHPI	Discuss about interpretation	30 min	Got a char idea	Rupau P. /Y
16	19.02.24	ВНРІ	of Result	do mare	on interpretation of result	Rupam Boon (Ajaka
	13.02.29	БПРД	Discuss about the result and discussion	40 min		
17	13.03.29	ВНРІ	Dineus about how to write discussion for my research	15 mins		Pupar Pul ()
18	0.3-01-21	Online_	Gest feedback of the 2nd deaft of my resolvech	12 hours	Need to connect some section	Rupam Boon Ama
19	03.01.29	BHPI	Good some connection on 2nd draft	Thowa	Need to connect all the mistoke	Rypam Bon Ayma
20	01.01.29	BHPI	Crot some feedback on 2nd draft	40 mins	Need to connect	Region Bon Ajuna

Note:

- 1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
- 2. Students will require submitting this completed record during submission your final thesis.

21	15.09.29	BAPI	Got Jeedback on Jinal draft	1 howe	Need to connect	Rupam	Ana
22			CHAGA		part of the writing.	. /	3
23							
24							
25							
26							

Note:

- 1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
- Students will require submitting this completed record during submission your final thesis.