

Use of Time by Stroke Patients during Rehabilitation at Centre for the Rehabilitation of Paralysed



By
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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 acknowledgment 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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First of all, I would like to pay my high gratitude to almighty Allah for allowing me to complete the study within time in a perfect manner. I would like to thank my beloved parents for supporting me throughout my study.

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Dedication

Dedicated to my honorable and beloved father, Nurul Haque (Junior Commissioner Officer of BGB) and beloved mother Naznin Sultana and my two brothers, Farid Uddin and Rafiqul Islam.

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List of Abbreviations

CRP- Center for the Rehabilitation of Paralyse

BHPI- Bangladesh Health Professions Institute

IRB- Institutional Review Board

WHO- World Health Organization

SPSS- Statistical Package for Social Science

Abstract

Background and Aim: Many patients have become permanently disabled after a stroke. They don't know how to use their time properly. Most of the time they have depended on their family members/career to complete their ADLs. Therapeutic time use is most important for stroke patients because it is significantly related to improving functional status. This study aimed to identify how stroke patients spend their time on therapeutic and nontherapeutic activities during ongoing rehabilitation at Center for the Rehabilitation of Paralyzed at Savar and Mirpur in Dhaka, Bangladesh.

Method: Quantitative methodology with a Cross-sectional study was used to carry out the research. 100 participants were selected from two rehabilitation centers. Participants were selected through a purposive sampling procedure. Data were taken through sociodemographic information form & Modified Occupational Questionnaire (MOQ) Scale. Finally, SPSS (Statistical Package for Social Science) was used and Descriptive analysis was also used for data analysis.

Findings: This study was conducted among 100 stroke patients where the mean age was 50.58 years and most of the participants was graduated. About 58% were male and 42% were female participants in this study. In this research, investigator found 36% of participants were spend 1-2 hours in therapeutic activities, most of the participants (52%) were spend 3-4 hours, and 12% were spend 5-6 hours in therapeutic activities.

Conclusion: Patients spent more than half of the day on non-therapeutic activities.

Key words: Stroke, Time use.

CHAPTER I: INTRODUCTION

1.1 Background

Time use is a method often used when investigating how people organize their daily activities (Backman, 2004). The use of time can be influenced by several factors, such as a person's age, Physical condition, habits, and social and cultural factors (Christiansen, 2005). For example, concerning habits, people of working age structure their daily activities differently than retired people (Jonson et al.,2000).

Stroke is the second-leading single cause of disease in the world, closely behind ischemic heart disease, and the fourth in the UK, with a first-time stroke occurring worldwide every two seconds (World Health Organization, 2017). It is also one of the largest causes of disability: half of all stroke survivors have a disability and over one-third are dependent on careers (Stroke Association, 2016; Moorley et al, 2014). Stroke is classically characterized as a neurological deficit attributed to an acute focal injury of the central nervous system (CNS) by a vascular cause, including cerebral infarction, intracerebral hemorrhage (ICH), and subarachnoid hemorrhage (SAH), and is a major cause of disability and death worldwide (Sacco et al., 2013)

According to World Health Organization (WHO), every year 15 million people suffer a stroke in the whole world. Of these, 5 million people died of Stroke, another 5 million became permanently disabled, and others participate in the community once they have recovered. (WHO, 2002). Most strokes occur in people over 40 years of age, but children are also affected. Approximately 400 childhood strokes occur in the UK each year (Stroke Association, 2017). Patients with stroke have a high rate of disability.

Approximately 50 million stroke survivors worldwide have physical, cognitive, and emotional problems, about 25%–74% of whom are dependent on activities of daily living (ADL) (Miller et al., 2010). The World Health Organization recognized that activity limitation is a measure of disability (WHO, 2001). On average, stroke survivors would suffer at least 0.86, 1.24, and 1.39 years with mild, moderate, and severe disabilities, respectively (Hung et al. 2013). In 2010, 102 million disability-adjusted life years (DALYs) were lost after stroke (Feigin 2014). In the UK alone, over 27,000 (37%) of people discharged from hospital from April 2013 to March 2014 required help with activities of daily living such as washing and dressing (Royal College of Physicians 2014). Such disability results in significant costs due to care requirements and loss of productivity (Mozaffarian 2015; Saka 2009). Better rehabilitation outcomes after stroke would reduce the impact of disability and dependence on the quality of life of people with stroke and their careers (Nichols-Larsen 2005)

Stroke is a leading cause of death worldwide. It puts a considerable burden on the individual, society, and the health system. This is a health challenge in the Southeast Asia region. Bangladesh, like other South Asian populations, has seen a dramatic change in the life expectancy of its population over the past few decades, and the risk of chronic diseases, including stroke, has increased. The main causes of stroke are high blood pressure and diabetes. There are other factors such as tobacco use and salt consumption. Hospital experience indicates that stroke is one of the leading causes of death which is increasing day by day. Although no demographic data was found (Zaman MM, 2014). The total population of Bangladesh is 162.2 million people, of which 26 percent live in urban areas and 74 percent in rural areas. In Bangladesh, stroke has been ranked as the third leading cause of death after infectious diseases like influenza and pneumonia.

The stroke mortality rate was 6.00% in 2006 and increased to 8.56% in 2011. The age-appropriate death rate for every 100,000 people is 108.31 (in 2011). World Health Organization (WHO), ranks Bangladesh 84th in the world for death due to stroke. The rate of untreated death per 1000 people in Bangladesh is 5.8 percent.

Time use studies are specifically designed to capture the context and flow of activities inherent in occupation (Harvey and Pentland 2010). Time-use data are increasingly used internationally to quantify time spent in non-market activities, informing planning and policy-making (Harvey and Pentland 2010). Time-use data, when coupled with contextual information, including examination of physical and social environments within which tasks are performed, subjective experience of occupation, and opportunities for choice and control, begin to provide insight into whether a person is engaged in occupations that he or she perceives as personally meaningful. Comparisons of the time use of a disabled population to that of the population as a whole can suggest where participation is restricted or strained (Farnworth, 2003). Time spent with patients is considered an important factor in defining good psychiatric care. This type of therapeutic relationship is important for the patient's recovery. (Denhov A, 2011).

Everyday routines help us to develop the habit of meeting goals. After a stroke, there is a lot of information and recommendations that may feel overwhelming for a stroke patient. if the stroke patient Organize their day in a way that works for them that will help to stay focused on post-stroke rehabilitation and getting back to the things that matter most. (Torrey, 2020)

As there is no literature about the time use of stroke patient in Bangladesh, so, the investigator feel interested to study in this area. It is important to identify how stroke patients use their time.

As it will be the first study in Bangladesh, so, it will give the stroke patients a new insight into time use. The aim of the study is, to identify how Stroke patients use their time during ongoing rehabilitation at the Center of the Rehabilitation of Paralyzed.

1.2. Justification of the study

The use of patient time has rarely been an indicator of organizational effectiveness in healthcare. The benefits of treatment cannot be realized if the patient is not engaged in a planned therapeutic activity or has no interaction with the care provider. Patients are active participants in every stage of treatment at Rehabilitation Hospitals - learning how to deal with disability or chronic illness, gain strength, and re-learn physical skills. In the rehabilitation hospital, the active role of the patient requires efficient time use of the patient. Stroke patients face many difficulties to use their time properly. Stroke rehabilitation units encourage patients to practice ADL to help regain their skills, maintain their dignity and prepare to return home. The use of patient time means what activities patients were engaged in, assess how much time patients spent alone or interacting with others who were present during patient activity, what proportion of their day, patients spent in different locations. Through this study, the Health Professionals will be able to know about the overall time structure, also understand when patients are practicing therapy at home and how much they are interested, and the meaningfulness of time used by stroke patients, and they will engage the patients in therapeutic activities for achieving better functional status. Stroke patients are also benefited from this study. Patients will understand how they are using the time, and it will be convenient to plan the time.

Therefore, the purpose of the study is to identify how stroke patients, use their time in different activities at the rehabilitation Centre and determine the time, they spend on therapeutic activities and, non-therapeutic activities.

1.3. Operational Definition

Stroke: Strokes are brain attacks. They occur when the blood supply to the brain becomes blocked. The sudden death of brain cells due to lack of oxygen is caused by blockage of blood flow or rupture of an artery to the brain. Sudden loss of speech, weakness, or paralysis of one side of the body can be symptoms. A stroke is a medical emergency that needs immediate medical attention.

Time Use: Time use is a method often used when investigating how people organize their daily activities.

CHAPTER II: LITERATURE REVIEW

The investigator has reviewed some literature related to her research work on PubMed, Google, and Google Scholar. In this section, The investigator provides a short overview of this literature. This literature review chapter highlight what to discuss about the use of time by stroke patients. Time use studies were specifically designed to capture the context and flow of activities inherent in occupation (Harvey and Pentland, 2010).

Patients with stroke have a high rate of disability. Approximately 50 million stroke survivors worldwide have physical, cognitive, and emotional problems, about 25%–74% of whom are dependent on activities of daily living (ADL) (Miller et al., 2010). The World Health Organization recognized that activity limitation is a measure of disability (WHO, 2001). On average, stroke survivors would suffer at least 0.86, 1.24, and 1.39 years with mild, moderate, and severe disabilities, respectively (Hung et al. 2013).

Time used on therapeutic activities of stroke patients:

In the Netherlands, an Observational study and Descriptive study were conducted about the Time used by patients with stroke in five skilled nursing facilities (SNFs) focusing on the time spent on therapeutic, non-therapeutic activities, interaction with others, and the location where the activities took place. A total of 42 participants (both male and female) were selected. The minimum and maximum age range of the participants was 53-95. From the result of the study the researcher found that on average, the patients spent 56.1% of the day on therapeutic activities. Eating and drinking took the largest

part of the time (14.9%) for Therapeutic activities. Patients spent their time in communication (11.9%), 8.5% of the day on active leisure activities, and 1.2% of the day practicing independently. Patients received nursing care for 8.6% of the day and this includes all nursing care and ADL activities. In all therapies, Patients were engaged for 7.6% of the day, spent on physical therapy (4.4%) than occupational therapy (1.1%). The time spent on speech-language therapy, care by a psychologist, guidance by a dietician, and medical care by an elderly care physician was less than 1% of the day for each therapy. (Vermeulen et al., 2012).

In the other study, the author determines differences in the use of time by stroke patients in 4 rehabilitation centers in 4 European countries. In each of the 4 centers, 60 stroke patients (Men and Women) were randomly selected whose age was 40-85 years. Patients in Switzerland spent more time in therapy (2 hours and 46 minutes) compared with those in Germany (2 hours and 20 minutes), Belgium (1 hour and 59 minutes), or the United Kingdom (1 hour and 0 minutes). In all centers, physiotherapy comprised 40% of therapeutic time. Except for the United Kingdom, the second most frequent therapy was occupational therapy. More than 35% of therapy time in the United Kingdom consisted of nursing care, compared with 10% in Belgium and 5% in Switzerland and Germany. In Germany, 10% of therapy time was spent in neuropsychological training; this was 6.3% in Belgium, 3.6% in Switzerland, and was never observed in the United Kingdom. In Switzerland and Germany, 6% of therapy time consisted of medical care, which was more than in Belgium (0.8%) or the United Kingdom (2.5%). Speech therapy, sports-related activities, and autonomous exercising accounted for little therapy time in all centers. (De Wit et al., 2005)

In Belgium & Switzerland, research has been done about how stroke patients spent time in a Rehabilitation Unit, and Functional improvement after stroke has been related to

the intensity of treatment. These units had a capacity of 32 and 24 beds. In this study, an Observational study was used to conduct this study and Behavioral mapping was performed. The patients were most frequently involved in therapeutic activities, 28% of the working day or nearly 2.5 hours in Belgium and 45% of the working day or nearly 4 hours in Switzerland. Physiotherapy accounted for most of the therapy time in both units. Occupational therapy accounts for 23% of the therapy time in Switzerland compared to only 3% in Belgium. In the latter setting, 10 % of the therapy time was apportioned to speech therapy and 7% to psychological counseling. These activities accounted for 2 and 0% of the therapy time in the Swiss setting. Nursing, medical care, and sports activities lasted between 3 and 0% of therapy time in both settings. (DE WEERDT et al., 2000)

In this study, A prospective design with a sample of convenience was used about described the characterize sedentary time after acute stroke and determine whether there is a relationship to functional performance at discharge. There were 32 participants to conduct this study. On average, per day 22.6 ± 15.9 minutes were spent in physical therapy and 15.2 ± 12.7 minutes were spent in occupational therapy per day. (Mattlage A E. et al., 2015).

In the other study, an observational study was used to describe the time use of their clients resulted in changes in the organization of services and subsequent changes in the behavior of the patients with stroke on the unit. All available patients with stroke in the rehabilitation unit at the time of the study participated in the study. During the first period, 22 patients (10 men and 12 women) were observed, and in the second period, 16 patients (7 men and 9 women) were observed. During the first observation, patients spent 19.2% of the day on therapeutic activities.

Patients spent 12.1% of the day on physiotherapy and 2.2% of the day on another therapeutic activity. (De Weerd W. et al., 2001).

There are some gaps in these studies. In one study, there is no clear information about participants' numbers and There is also no clear information about how to reduce bias.

Time used on non-therapeutic activities of stroke patients:

Vermeulen, (2012) and others described the time used by patients with stroke in five skilled nursing facilities (SNFs) in the Netherlands focusing on the time spent on therapeutic, non-therapeutic activities, interaction with others, and the location where the activities took place. It was an Observational and Descriptive study where participants (both Male and Female) were 42 whose age was 53-95 years. From the result of the study, the researcher found that on average, the patient spent their time on non-therapeutic activities 43.5% of the day. Patients spent their time sitting passively for 20.3% of the time and laying or sleeping for 19.9% of the time. (Vermeulen et al., 2012).

In the other study, the author determines differences in the use of time by stroke patients in 4 rehabilitation centers in 4 European countries. In each of the 4 centers, 60 stroke patients (Men and Women) were randomly selected whose age was 40-85 years. From the result of the study, patients spent >72% of their time in Non-therapeutic activities. In Belgium and the United Kingdom, patients spent less time lying or sleeping >2 hours per day. (De Wit et al., 2005)

DE WEERDT (2000) and others conducted an Observational study in Belgium & Switzerland, about how stroke patients spent time in Rehabilitation Units. Patients spent time on self-directed exercise 19% of the time, in Switzerland. In Belgium, it was 13%

and spent on Talking, eating, lying or sleeping 11% of the time. (DE WEERDT et al., 2000)

King A and others (2011), described the study to obtain baseline measures of the time use and activity levels of inpatients in that co-located acute and rehabilitation stroke unit. In this study, a quantitative observation design was used and Behavior maps were used as the primary data collection method and were completed at regular intervals to measure patient activity levels. In Australia, the study was conducted in a 20-bed metropolitan stroke unit. Not all patients participated in this study. 11 patients who were diagnosed with stroke and received active rehabilitation including Occupational Therapy, Physiotherapy, and Speech Therapy, were participating in this study. Stroke patients spent a large proportion of the day in their bedroom, engaged in solitary behavior, and were inactive (76%, 44%, and 62% of the observed time, respectively). (King A et al., 2011)

In four European countries, this study was conducted to compare the time allocated to therapeutic activities (TA) and non-therapeutic activities (NTA) of physiotherapists (PT) and occupational therapists (OT) in stroke rehabilitation units. In total, 146 participants were selected to conduct this study, and both male and female patients attended this study. A significant difference was found between Therapeutic and Non-therapeutic activities. Patients spent more time in Non-therapeutic activities. (Putman K et al., 2006)

Mattlage A E. and others (2015), described the characterize sedentary time after acute stroke and determine whether there is a relationship to functional performance at discharge. A prospective design with a sample of convenience was used in this study and 32 participants with acute stroke were selected to conduct this study. Their age

range was 20 to 80 years. The findings of this study are people after acute stroke spend the majority of their time sedentary or inactive and almost no time in moderate or vigorous activity. (Mattlage A E. et al., 2015).

Bear-Lehman J. and others (2001) conducted an observational study, describing the time use of subjects in a mixed diagnosis inpatient rehabilitation unit. Twelve participants were observed for two days: one weekday and one weekend day. Seven participants had sustained a stroke (CVA) and 5 participants had other diagnoses (non-CVA). Both male and female participants were selected. During the weekday observations, the participants who had a stroke spent more time inactive, 25.0% of the day. The subjects who had a stroke spent more time alone, 53.6% of the day. The non-CVA participants increased the amount of time spent alone for the weekend day observation by 46.25%. (Bear-Lehman J. et al., 2001)

The Occupational domain (Performed activities):

Bejerholm U & Eklund M, (2014) conducted a qualitative study in Swedish, describing the time use of Schizophrenia patients, daily occupations, and geographical environments on their occupational performance. A total of 10 participants was selected by using a Consecutive sampling method. Their age ranged from 20-55 years. For every participant, they spent more than 1.2 hours in quiet activity (looking at other objects, sitting, or lying). One participant spent time on personal care or household activities for 9.4 hours. Eight participants smoked cigarettes for 2.7-13.2 hours. Five participants spent more than 2 hours walking around indoors. Seven participants engaged in playful activities. (Bejerholm U & Eklund M, 2014)

Barclay and other researchers, (2011), describe the study about the time use of adults who have sustained SCI (Spinal Cord Injury) and rate the quality of evidence of these studies. In this study, participants were selected 33. The observational study, Behavioral mapping, consecutive sampling method, and cross-sectional study have been used in the literature. These studies were conducted in different countries and different rehabilitation units/hospitals. This study found that if an SCI patient maintains a schedule to perform his or her daily tasks after disability, his or her skills, and performance skills increase because time plays a key role in helping an SCI patient perform activities in the right way in daily life. (Barclay L et al., 2011).

There are some gaps in this study. One is, that results aren't mentioned here.

The environmental domain: (Geographic and social environment): -

In the Netherlands, an Observational study and Descriptive study were conducted about the Time used by patients with stroke in five skilled nursing facilities (SNFs) focusing on the time spent on therapeutic, non-therapeutic activities, interaction with others, and the location where the activities took place. A total of 42 participants (both male and female) were selected. The minimum and maximum age range of the participants was 53-95. From the result of the study, the researcher found that the patient spent their time in their room 40.7% of the day, 38.2% of the time in their living room, and 5.5% in the therapy room. (Vermeulen et al., 2012).

In Swedish, researchers conducted a qualitative study, describing the time use of Schizophrenia patients, daily occupations, and geographical environments on their occupational performance. 10 participants were selected for this study Most of the time all participant spent their time in the home environment for 15-24 hours. Eight

participants spent their time in the outdoor environment like neighborhood houses, going to small shops to buy cigarettes and snacks. Five participants spent their time in daycare Centres for 0.7 to 3.8 hours (Bejerholm U & Eklund M, 2014).

Social Interaction: -

In this study, Leufstadius and others (2006), describe a study about how time use in daily activities was associated with health-related variables and social interaction. It was a cross-sectional study and, in this study, participants were 103. Here, researchers use ISSI (The Interview Schedule for Social Interaction) as an instrument for measuring social interaction. The results of the study indicated a weak relationship with social interaction. (Christel Leufstadius et al. 2006)

Another study shows the total time spent on interaction with others for 50.7% of the day whereas they spent 49.3% of the day alone. On average, they spent time interacting with nurses for 10.7%. Patients spent 10.2% of the day interacting with nurses in SNF number one, 8.3% of the day in SNF number two, 14.2% of the day in SNF number three, and 10.8% in SNF number four 10.8%, and 9.9% in SNF number five. (Vermeulen et al., 2012).

In Belgium, an Observational study was conducted to describe the study. During the first period, 22 patients (10 men and 12 women) were observed and second period 16 patients (7 men and 9 women) were observed. During the first observation, patients were involved in solitary behavior for about 51.4% of the day. Contacts with therapists 20.7% of the day and visitors 12.3% of the day. Interactions between patients and their peers or with nurses took up only 7.4% of the day. During the second observation, social interaction was between patients and their peers 32.2% of the time. These contacts had

increased by 24.8% compared with the first observation periods. The second most frequent contact was with therapists, for 27.6% of the day, which was an increase of 6.9% compared with the first observation. A change was also observed in the amount of time spent in solitary behavior, taking 24.2% of the day during the second observation, which was a reduction of 27.2% compared with the first. Time spent with visitors, nurses, and other non-specified persons were also slightly reduced in the second observation period compared with the first. (De Weerd W. et al., 2001).

In another study, Chouliara N. and others (2019) described examining how patients spend their time in stroke rehabilitation units in England. An observational study was used to conduct this study. From four rehabilitation units, 144 participants were selected. The findings of the study are patients spent time on average 60% of the day alone and 18% interacting with a healthcare professional (occupational therapy, physiotherapy, speech, and language therapy) accounted for 10% of the day. More specifically across the four sites, participants spent on average 2.6% of their time in the presence of an occupational therapist and 3.7% with a physiotherapist. on average, Interactions with rehabilitation assistants were, 2.7% of observations. Time with doctors accounted for 1.2% of observations and nursing staff was present for 6.3% of observations. Across the units, patients spent 19% of their observations, with family members. (Chouliara N. et al., 2019)

One study has some limitations. Here, results weren't discussed.

CHAPTER III: METHODOLOGY

3.1. Research aim, objectives, and questions

3.1.1. Research Question

How do stroke patients use their time during ongoing Rehabilitation at the Centre for the Rehabilitation of Paralysed?

3.1.2. Aim

To identify how stroke patients, use their time during ongoing rehabilitation at the Centre for the Rehabilitation of Paralysed.

3.1.3. Objective

- To find out the sociodemographic information of the participants.
- To determine the time, they spend on Therapeutic activities during rehabilitation.
- To determine the time, they spend on Non-therapeutic activities during rehabilitation.

3.2. Study Design

In this study, the investigator used a Cross-sectional survey of the Quantitative research design. Quantitative research is a way to learn about a particular group of people, known as a sample population. Using scientific inquiry, quantitative research relies on data that are observed or measured to examine questions about the sample population (Allen, M.,2017).

A cross-sectional study is a type of observational study that analyzes data of variables collected at one given point in time across a sample population. In a cross-sectional study, the investigator measures the outcome and the exposures of the study participants at the same time (Dermatol,2016). In this case of this study, some population data has to be collected at a certain time point and since there is a time limit, the investigator has to complete the study at a certain time. There are some benefits of a cross-sectional study. The investigator can collect all the variables at once. This study is suitable for descriptive analysis and multiple results can be studied at once. The investigator had chosen this design as a means of using a huge number of participants and then collecting data accurately.

3.3. Study Setting and Period

The study was conducted in the Occupational Therapy department, Outpatient unit, at Savar and Stroke Rehabilitation and Outpatient unit in Mirpur CRP.

The study was conducted from April, 2021 to February, 2022.

3.4. Study Participants

Sampling Techniques

In this research, investigator used a purposive sampling procedure under nonprobability sampling to conduct this study. Sampling is a process or procedure that helps an investigator to select a population for his/her research (Barreiro PL & Albandoz JP,2001). Purposive sampling (also known as judgmental, selective sampling), is a form of non-probability sampling in which researchers rely on their judgment when choosing members of the population to participate in their study.” (Black, K. 2010). Moreover,

the process is inexpensive, time-effective, and easy to conduct. For this reason, researchers have decided to follow this sampling procedure.

Sample Size

For calculating sample size, the investigator used the principle of sample size (n) determination: $z^2 \cdot pq/d^2$. The investigator used a 95% confidence interval for this study.

$$\begin{aligned} N &= \frac{z^2 \cdot p \cdot q}{d^2} \\ &= \frac{z^2 \times p(1-p)}{d^2} \\ &= \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2} \\ &= 384 \end{aligned}$$

Here,

N = sample size

z = the standard normal deviation usually set at 1.96 which correspondent to 95%

p = As there was no published research for “*Use of time by Stroke Patients during rehabilitation at Centre for the Rehabilitation of Paralyse.*”, so the researcher used $p = 50\% = 0.5$

q = $(1 - p) = 0.5$

d = 0.05, degree of accuracy required

Due to covid situation & short period of time, the investigator had collected 100 participants.

Inclusion and Exclusion Criteria

➤ Inclusion Criteria:

- Both males and females were selected.
- Stroke patients were selected at 30-80 years of age.
- Stroke patients who are in ongoing rehabilitation.

➤ **Exclusion Criteria:**

- The participants with severe cognitive problems.
- The participants who are recently diagnosed with severe physical illness avert the ability to communicate with the researcher.

3.5. Ethical considerations

- The investigator took permission from the institutional ethical review board through the department of Occupational Therapy, BHPI (Bangladesh Health Professions Institute).
- All participants were informed about the aim of the study.
- Written consent was taken from the study participant.
- Confidentiality of personal information will be strictly maintained.
- The investigator was concerned about the effect of biasness, as the study sample was selected based on inclusion & exclusion criteria.
- The investigator was committed to answering any study-related questions or inquiries from the participants.
- The investigator didn't force the participants to participate in the study against their interests.
- All sources used in this research were cited and acknowledged properly.

3.6. Data Collection

Data Collection Methods

Investigator took ethical permission from the Institutional Review Board (IRB) and permission from the corresponding author and CBR Department of the Centre for the Rehabilitation of the Paralyzed for conducting the study.

Then the investigator contacted the stroke patients who were receiving therapy from the stroke unit and took the opinions of patients who were interested in providing information. Before starting every interview session, the investigator briefly explained to the participant about the information sheet and consent form with the study aim and objectives were mentioned to all the participants for making sense of the study clearly and how they can assist the investigator. The investigator will collect data through a face-to-face survey. The face-to-face survey method is used when a specific target population is involved. Face-to-face surveys are characterized by the fact that an interviewer calls on, or meets with, the respondent and conducts the interview. The interviewer reads out the questions and records the respondent's answers. This can be done either in the form of a paper-and-pencil interview or a computer-assisted personal interview (Groves et al., 2009). The researcher travels Physically to the participant's location to conduct this face-to-face survey. The investigator had to describe any question specifically while participants had any doubts. The investigator was neutral during data collection for ease of the personal biases related to the study. The data was noted down based on the participant's estimation.

Data Collection Instrument

- **Modified Occupational Questionnaire:** This scale was used for activity monitoring. It was used to find out how much time a patient is using for activities.

3.7. Data Management and Analysis

Information sheet & Consent form

The information sheet and consent form are important parts of any study because it's a formal statement or agreement of participation that was taken from the participants before taking the interview. The Information sheet includes the overall and detailed information on institute affiliation, the identity of the investigator, study aim and objectives, participant's confidentiality, participant's rights, benefit, and further information related to the study. A written consent form was also prepared for the participants to verify their level of understanding of the information sheet. Before starting the interview, signatures were obtained from each participant on a consent form. In the study, the investigator explained the investigator's identity, study title, institute affiliation, participant's confidentiality, and potential benefits in the information sheet, and participants were given their written agreement when they were interested to participate in the study.

Sociodemographic questionnaire

Investigator developed a self-made questionnaire to collect participants' socio-demographic information. It includes his/her name, age, sex, date of stroke, and duration of therapy from CRP. All of these questions collect information about stroke patients.

Field test

The investigator conducted a field test before the actual study started. The purpose of conducting a field test was to determine whether interviewing techniques and materials

were appropriate and whether it was giving actual data the investigator is looking for or not. The investigator selected three participants according to purposive sampling who met the inclusion criteria. The investigator took written consent before taking information, and asked them all the questions accordingly. After collecting all information from all of these participants, the investigator analyzed this data and make temporary results to come to an initial conclusion.

Data Analysis

Data will be analyzed in the Statistical Package for Social science (SPSS) & descriptive analysis of the data. The SPSS will be used to calculate all statistical data. Data will be analyzed through descriptive statistical analysis and it was presented by using tables, figures, bars, and pie charts.

3.8. Quality control and quality assurance

Investigator had taken several steps for ensuring quality. The Modified Occupational Questionnaire (MOD) had been translated into local languages (Bengali). A Field test had conducted to determine whether interviewing techniques and materials are appropriate and whether it is giving actual data the investigator is looking for or not. The research was supervised by the Institutional Review Board of Bangladesh Health Professions Institute to ensure standard quality and to ensure the rights of participants.

CHAPTER IV: RESULTS

In this study, all the data was analyzed by SPSS 20 software. Here Descriptive analysis was used to describe the socio-demographic information like age, sex, educational level, duration of therapy from CRP (Centre for the Rehabilitation of Paralysed) and to describe how much time stroke patients spend on Therapeutic activities and Non-therapeutic activities. The data were collected and presented in different types of charts.

Descriptive Analysis

Age Group: The study was conducted with 100 participants. Most of the participants 49% (n=49) were 46-60 years. Other participants, 35% (n=35) were 30-45 years, 16% (n=16) were 61-80 years. The mean age of the participants was 50.58 and the standard deviation was 9.317, minimum age of 30 years and maximum age of 80 years. (Figure 1)

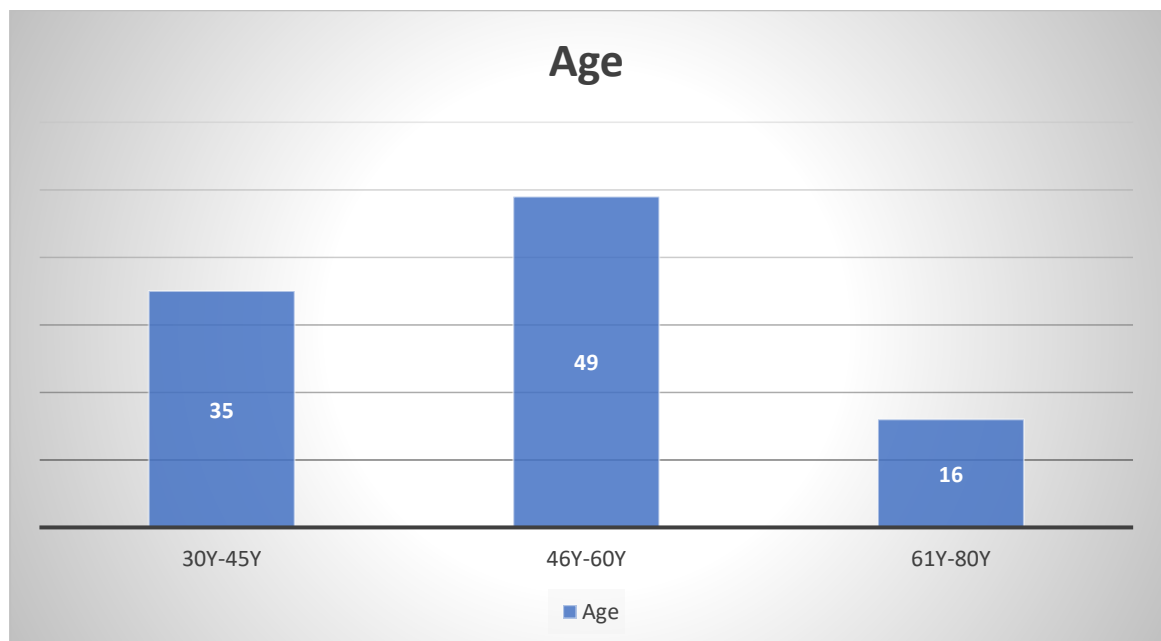


Figure 1: Age distribution of stroke patients

Sex: Among the participants, most were male, 58%(n=58), and the rest of the participants were female 42%(n=42). (Figure-2)

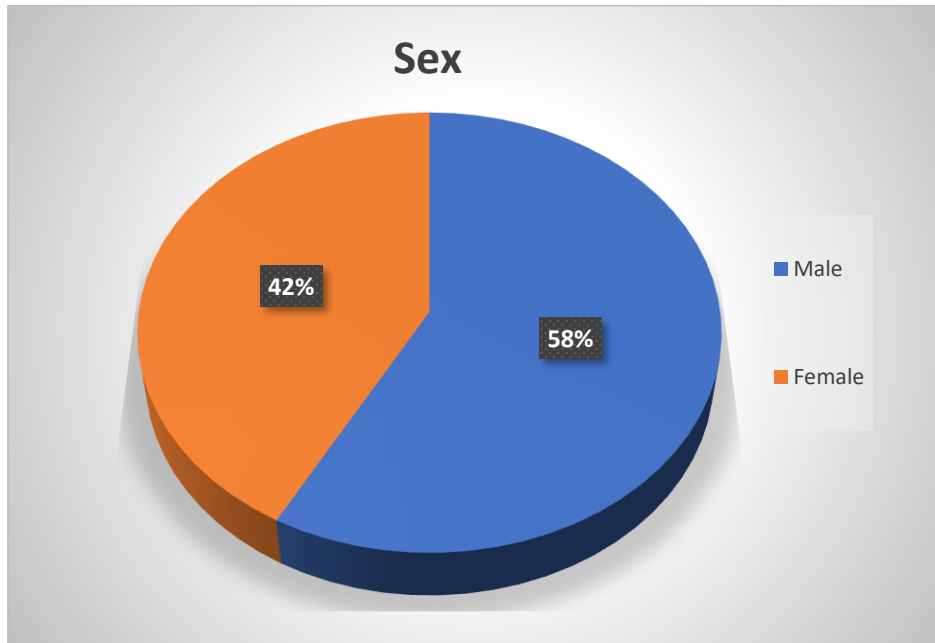


Figure-2: Sex distribution of stroke patient

Educational Status: Among the participants out of 100% respondents 11% (n=11) were illiterate, 12% (n=12) have completed primary level, 10% (n=10) were in under S.S.C, 19% (n= 19) completed their S.S.C level, 11% (n=11) completed their H.S.C level, 24% (n=24) graduated and 13% (n=13) completed their post- graduation course. (Figure-3)

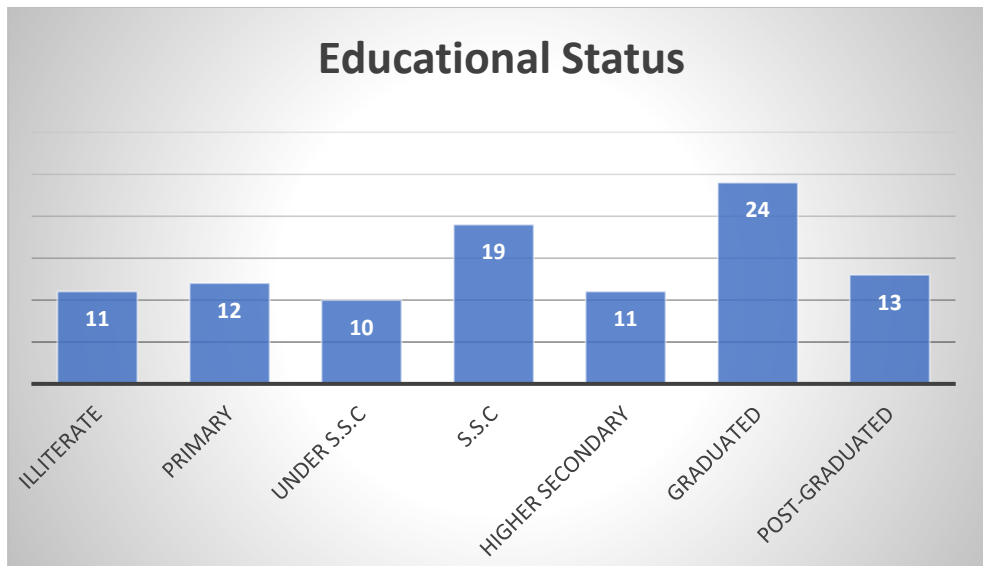


Figure-3: Educational status of the participant

Duration range of Therapy: Out of 100 respondents, 80% (n=80) were receiving therapy within 3-33 days, 14% (n=14) were receiving therapy within 34-64 days, and 4% (n=4) were receiving therapy within 65-95 days and others 2% (n=2) were receiving therapy within 96-126 days.

Table-1: Duration of Therapy from CRP (Centre for the Rehabilitation of Paralyzed)

Duration range of Therapy	Frequency (n=100)	Percentage (%)
3-33 Days	80	80
34-64 Days	14	14
65-95 Days	4	4
96-126 Days	2	2

Time in Therapeutic and Non-therapeutic activities between 5 AM and 2 PM:

Table 2 shows time use, activities, and how much time stroke patients spent in therapeutic and non-therapeutic activities. From 5 AM to 8 AM, 100% (n=100) participants were doing

Table 2. Distribution of time use, activities, frequency (n= total participants 100), and a percentage between 5 AM and 2 PM in rehabilitation centres.

Time Use	Activity	Frequency (N)	Percent (%)
5 AM – 5.59 AM	Caring for myself	4	4
	Chilling/Doing Nothing	1	1
	Rest	95	95
6 AM - 6.59 AM	Caring for myself	13	13
	Rest	87	87
7 AM – 7.59 AM	Housework	3	3
	Travel	2	2
	Caring for myself	35	35
	Chilling/Doing Nothing	2	2
	Rest	58	58
8 AM- 8.59 AM	Work	1	1
	Housework	3	3
	Caring for myself	30	30
	Chilling/Doing Nothing	3	3
	Rest	33	33
	others (e.g. Therapy)	30	30
9 AM- 9.59 AM	Housework	1	1
	Caring for myself	25	25
	Chilling/Doing Nothing	10	10
	Rest	30	30
	Others (e.g. Therapy)	34	34
10.00AM – 10.59AM	Caring for myself	42	42
	Recreation/Leisure	11	11
	Chilling/Doing Nothing	20	20
	Rest	14	14
	others (e.g. Therapy)	13	13
11.00 AM–11.59 AM	Travel	3	3
	Caring for myself	14	14
	Recreation/Leisure	6	6
	Chilling/Doing Nothing	19	19
	Rest	5	5
	others (e.g. Therapy)	53	53
12.00 PM-12.59 PM	Travel	4	4
	Caring for myself	37	37
	Caring for others	1	1
	Recreation/Leisure	2	2
	Chilling/Doing Nothing	11	11
	Rest	5	5
	others (e.g. Therapy)	40	40
1.00 PM – 1.59 PM	Caring for myself	73	73
	Caring for others	7	7
	Recreation/Leisure	7	7
	Chilling/Doing Nothing	13	13

non-therapeutic activity. From 8 AM to 9 AM, 30% of participants were doing therapeutic activities and 70% of the participants were doing non-therapeutic activities. Within 9 to 10 AM, 34% of the participants were doing therapeutic activities and 66% were doing nontherapeutic activities. 13% of the participants were doing therapeutic activities and 87% were doing non-therapeutic activities from 10 AM to 11 AM. 53%

of participants were on therapeutic activities from 11 am to 12 pm and 47% of the participants were on non-therapeutic activities. From 12 to 1 pm, 40% engaged in therapeutic activities and 60% engaged in non-therapeutic activities. 100% of participants were on non-therapeutic activities from 1 pm to 2 pm.

Time use in Therapeutic and Non-therapeutic activities between 2 PM and 9 PM:

Table 3. also shows the distribution of time, activities, frequency, and percentage. From 2 pm to 3 pm, 16% of participants were engaged in therapeutic activities, and 84% were engaged in non-therapeutic activities. 25% of the participants were on therapeutic activities and 75% were on non-therapeutic activities from 3 pm to 4 pm. 70% were on non-therapeutic activities from 4 pm to 5 pm, and 30% were on therapeutic activities. From 5 pm to 6 pm, 17% of the participants were engaged in therapeutic activities and the other 83% were in non-therapeutic activities. 12% of the participants were on therapeutic activities from 6 pm to 7 pm and 82% of the participants were in non-therapeutic activities. From 7 pm to 8 pm, 33% were in therapeutic activities and 67% were in non-therapeutic activities. 11% of the participants were on therapeutic activities and 89% were on non-therapeutic activities from 8 pm to 9 pm.

Time use in Therapeutic and Non-therapeutic activities between 9 PM and 4 AM:

Table 4. also shows how much time stroke patients spent in therapeutic and non-therapeutic activities. From 9 pm to 10 pm, 11% of the participants were engaged in therapeutic activities and 89% of the participants were engaged in non-therapeutic activities. From 10 pm to 11 pm 9% of the participants and from 11 pm to 12 pm, 2% of the participants were engaged in therapeutic activities and others engaged in non-

therapeutic activities. From 12 am to 4 pm, all participants engaged in non-therapeutic activities.

Table 3. Distribution of time use, activities, frequency (n= total participants 100), and a percentage between 2 PM and 9 PM in rehabilitation centres.

Time Use	Activities	Frequency (N)	Percentage (%)
2.00 PM- 2.59 PM	Caring for myself	53	53
	Caring for others	2	2
	Recreation/Leisure	5	5
	Chilling/Doing Nothing	17	17
	Rest	7	7
	others (e.g. Therapy)	16	16
3.00 PM- 3.59 PM	Caring for myself	22	22
	Recreation/Leisure	3	3
	Chilling/Doing Nothing	29	29
	Rest	21	21
	others (e.g. Therapy)	25	25
4.00 PM- 4.59 PM	Work	2	2
	Recreation/Leisure	12	12
	Chilling/Doing Nothing	27	27
	Rest	29	29
	others (e.g. Therapy)	30	30
5.00 PM-5.59 PM	Work	2	2
	Unpaid Work	1	1
	Caring for myself	27	27
	Recreation/Leisure	9	9
	Socializing	9	9
	Chilling/Doing Nothing	30	30
	Rest	17	17
	others (e.g. Therapy)	5	5
6.00 PM- 6.59 PM	Unpaid Work	1	1
	Housework	3	3
	Caring for myself	31	31
	Recreation/Leisure	22	22
	Chilling/Doing Nothing	27	27
	Rest	4	4
	others (e.g. Therapy)	12	12
7.00 PM- 7.59 PM	Work	1	1
	Housework	4	4
	Caring for myself	11	11
	Caring for others	3	3
	Playing with children	1	1
	Recreation/Leisure	19	19
	Chilling/Doing Nothing	33	33
	Rest	8	8
	others (e.g. Therapy)	20	20
8.00 PM- 8.59 PM	Work	3	3
	Caring for myself	34	34
	Caring for others	2	2
	Recreation/Leisure	10	10
	Chilling/Doing Nothing	35	35
	Rest	5	5
	others (e.g. Therapy)	11	11

Table 4. Distribution of time use, activities, frequency (n= total participants 100), and a percentage between 9 PM and 5 AM in rehabilitation centres

Time Use	Activities	Frequency (N)	Percentage (%)
9.00 PM- 9.59 PM	Work	3	3
	Housework	2	2
	Caring for myself	49	49
	Recreation/Leisure	9	9
	Chilling/Doing Nothing	19	19
	Rest	7	7
	others (e.g. Therapy)	11	11
10.00 PM- 10.59 PM	Caring for myself	21	21
	Recreation/Leisure	19	19
	Chilling/Doing Nothing	7	7
	Rest	44	44
	others (e.g. Therapy)	9	9
11.00 PM-11.59 PM	Caring for myself	1	1
	Recreation/Leisure	18	18
	Chilling/Doing Nothing	13	13
	Rest	66	66
	others (e.g. Therapy)	2	2
12.00 AM- 12.59 AM	Recreation/Leisure	2	2
	Chilling/Doing Nothing	2	2
	Rest	96	96
1.00 AM- 1.59 AM	Caring for myself	1	1
	Chilling/Doing Nothing	1	1
	Rest	98	98
2.00 AM- 2.59 AM	Chilling/Doing Nothing	1	1
	Rest	99	99
3.00 AM- 3.59 AM	Rest	100	100
4.00 AM- 4.59 AM	Caring for myself	1	1
	Rest	99	99

Time use in Therapeutic Activities:

Table-5 shows that, stroke patients were more active (53%) in therapeutic activities from 11 am to 11.59 am. Then from 12 pm to 12.59 pm, 40% of patients were more active in therapeutic activities. 34% of participants were active in therapeutic activities from 9 am to 9.59 am. The least participants (2%) were active in therapeutic activities from 9 am to 10 am.

Table-5. Time uses in Therapeutic Activities.

Activity	Time Use	Frequency (N)	Percentage (%)
Therapeutic Activities	8 am- 8.59 am	30	30
	9 am- 9.59 am	34	34
	10 am-10.59 am	13	13
	11 am-11.59 am	53	53
	12 pm-12.59 pm	40	40
	2 pm – 2.59 pm	16	16
	3 pm – 3.59 pm	25	25
	4 pm – 4.59 pm	30	30
	5 pm – 5.59 pm	5	5
	6 pm – 6.59 pm	12	12
	7 pm – 7.59 pm	20	20
	8 pm – 8.59 pm	11	11
	9 pm - 9.59 pm	11	11
	10 pm-10.59 pm	9	9
	11 pm- 11.59 pm	2	2

Among the participants, 36% of participants were spend 1-2 hours in therapeutic activities, most of the participants (52%) were spend 3-4 hours and 12% were spend 5-6 hours in therapeutic activities.

Table-6: Therapeutic Hour

Therapeutic Hour	Frequency	Percentage (%)
1-2 Hour	36	36
3-4 Hour	52	52
5-6 Hour	12	12

The mean hour of the therapeutic activities were 3 ± 1.41 hours. Stroke patients spend a maximum of 6 hours and a minimum of 1 hour in therapeutic activity.

CHAPTER V: DISCUSSION

The study aimed to identify how stroke patients, use their time during ongoing rehabilitation at the Centre for the Rehabilitation of Paralysed (CRP). The research had been conducted with 100 participants. 49% of the participants were 46-60 years, 35% were 30-45 years and 16% were 61-80 years. The mean age was 50.58yearsr. The study participants consisted of 42 (42%) females and 58 (58%) males. The study found that the largest portion of the stroke patients (24%) completed their graduation.

There is no published research in Bangladesh about the use of time by stroke patients. Stroke patients face many challenges while performing various tasks. They couldn't perform meaningful activities most of the time. The findings of the study showed that stroke patients spent most of their time in non-therapeutic activities during ongoing rehabilitation. Of therapeutic time, the patient's time is spent on Occupational Therapy, Physiotherapy, Speech and Language Therapy, and home exercise.

The analysis was done based on 24 hours (5 AM to 4 AM) time use of stroke patients. In this research, investigator found that stroke patients spent time on therapeutic activities (in hours), 30% (8 am to 9 am), 34% (9 am to 10 am) , 13% (10am to 11 am), 53% (11 am to 12 pm), 40% (12 pm to 1 pm), 16% (2 pm to 3 pm), 25% (3 pm to 4 pm), 30% (4 pm to 5 pm), 5% (5 pm to 6 pm), 12% (6 pm to 7 pm), 20% (7 pm to 8 pm), 11% (8 pm to 10 pm), 9% (10 pm to 11 pm), 2% (11 pm to 12 pm) of the time.

A study was conducted by Vermeulen et al., (2013) found that stroke patients spent 56% of the day on therapeutic activities. Most therapeutic time was spent on nursing care (9%), and physical therapy (4%). 41% of the day, patients stayed in their room and

49% of the day were alone. Patients spent more than half of the day on therapeutic activities (Vermeulen, C.J.A.H.R., 2013).

Another study was conducted in 4 European countries and found that in all centers patients spent 1h, 2h & 3h in therapy, >72% of the time in non-therapeutic activities, and less than half their time in interaction (Dewit, L., 2005)

Also, another study found that patients spent 28% and 45% on therapeutic activities, 27% & 49% of the day in rooms in Belgium and Switzerland (Deweerd, W., 2000).

In this study, for every participant's, <1.2h was spent on the quiet activity, 1 patient spent 9.4h lying, sitting, looking at others, 8 participants smoked 2.7-13.2h. 5 participants spent <2h walking (Bejerholm, U., 2004).

At the end of the findings, the investigator found that stroke patients spent more time in non-therapeutic activities (work, unpaid work, caring for themselves and others, recreation/leisure, socializing, chilling/ doing nothing, rest, housework, playing with children). The investigator found that stroke patients spent the whole time on non-therapeutic activities from 12 am to 8 am. In addition, stroke patients spent time (in hours), 70% (8 am to 9 am), 66% (9 am to 10 am), 87% (10 am to 11 am), 47% (11 am to 12 pm), 60% (12 pm to 1 pm), 100% (1 pm to 2 pm), 84% (2 pm to 3 pm), 75% (3 pm to 4 pm), 70% (4 pm to 5 pm), 95% (5 pm to 6 pm), 88% (6 pm to 7 am), 80% (7 pm to 8 pm), 89% (8 pm to 10 pm), 91% (10 pm to 11 pm), 98% (11 pm to 12 pm) on non-therapeutic activities.

CHAPTER VI: CONCLUSION

6.1. Strength and Limitation

Study Strength

During conducting this study, the investigator got some strength. The strengths are given:

- The stroke participants and their careers were very cooperative when information was taken from them.
- Ethical approval for the study was granted by the Institutional Review Board (IRB), BHPI.
- The purpose of the study was clearly stated to identify the time used by stroke patients during ongoing rehabilitation.

Study Limitation

During the time of conducting this study, there were some limitations present. By considering these limitations the investigator conducted this study. The limitations are given:

- The major limitation of this study was time because it was limited for this pandemic situation.
- In the Bangladeshi context, it is a new study. There was not enough article about the Use of time by stroke patients in Bangladesh or this south Asian context. So, there was a lack of available information related to this study.
- The investigator faced difficulty to collect the related research articles because it was not possible for her to get access to those articles.

6.2. Practice Implication (Recommendation)

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

- ✧ The sample size should increase for further research.
- ✧ Health professionals should encourage the patients to participate and engage in the further research study.
- ✧ Further researcher should include more rehabilitation center to collect data so that result will be generalized.

6.3. Conclusion

Stroke is the most common condition that is responsible for disability and affects the patients daily living activities. For this reason, stroke patients couldn't use their time purposefully. The study was conducted to find out how much time stroke patients spent on therapeutic activities and non-therapeutic activities. The results of the study showed that stroke patients spend more than half of the day on non-therapeutic activities. With a better functional status, stroke patients need to spend more time on Therapeutic activities.

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APPENDICES

Appendix A: Clearance Form



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

Ref:

CRP/BHPI/IRB/11/2021/520

Date:

14/11/2021

Nurun Nahar
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-2017
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the research project proposal "Use of time by Stroke patients during rehabilitation at the Centre for the Rehabilitation of Paralyzed" by ethics committee.

Dear Nurun Nahar,
 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 Nayan Kumer Chanda as thesis supervisor. The Following documents have been reviewed and approved:

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

The purpose of the study is to identify how stroke patients use their time during ongoing Rehabilitation at the Centre for the Rehabilitation of Paralyzed. Should there any interpretation, typo, spelling and grammatical mistakes in the title, it is the responsibilities of the investigator. Since the study involves questionnaire that takes maximum 15 to 20 minutes and have no likelihood of any harm to the participants, the members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held at 9.15 AM on 15th September 2021, at BHPI 29th IRB Meeting.

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

Best regards,

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

Appendix B: Information sheet and consent form [English & Bangla Version]

Information sheet introduction:

I am Nurun Nahar, B.Sc. in Occupational Therapy student at Bangladesh Health Professionals Institute (BHPI), Studying in the 4th year undergraduate curriculum, 2016-2017 session.

Have to conduct a thesis as a part of this bachelor course, under the thesis supervisor of Nayan Kumer Chanda, Lecturer in Occupational Therapy. The purpose of this study is to discuss how stroke patients are using their time. I invite you to participate in this research, your valuable participants will strengthen this research project. All the details of the research are given in this letter, if you have any problem discussing the content after reading the newsletter or if you need to know more about something, feel free to ask questions.

Background and purpose of the study:

The study will be conducted on the Stroke Outpatient Unit of CRP (Savar and Mirpur). The general purpose of this study is to determine how stroke patients use their time. I am more interested to know about the subject. Your voluntary participation and the information you provide will help you to express your values.

Research-related information:

Before you sign the permit, all the information leading to the research project will be presented to you in detail through this participating brochure. If you wish to participate in this study you will need to sign a consent form, and if you confirm your participation you will be provided with a copy of the consent form for your preservation. A representative of a team of data collectors formed by the investigator will then go to you. Information will be collected through a question paper at any given time from anyone you ask. Your participation in this research project is optional. You do not have to participate if you do not agree. You may withdraw your participation at any time without giving any explanation to the investigator, despite your consent.

Risk and Benefits:

There are no external pressures and fees for participating in this study. You will have no risk, No and you face no physical or mental harm while answering the question.

Confidentiality:

Information about you will not be shared with anyone outside of the research team. this research project will be kept private. any information about you will have a number on it instead of your name. only the investigator will know what your number is and will lock that information up with a lock and key. it will not be shared with or given to anyone except Nayan Kumer Chanda, study supervisor.

Where to contact to know about this research?

If you want to contact about the research project or if you have any questions about the research project, they can be asked at any time now or later, in that case, you can contact the investigator on 01647700230 (Nurun Nahar). This research project has been reviewed and approved by Bangladesh Health Professionals Institute, Savar Institutional Ethics Council (CRP-BHPI/IRB). Anyone concerned or complaining about the project management questions of this study should contact the Institutional Ethics Level Council on this number (7745464-5).

Information about withdrawal from participation:

Despite your consent, you may withdraw your participation before data analysis. However, we encourage you to give reasons. But if you do not want to be informed, mention it in the withdrawal letter.

Withdrawal from

Patients Name.....

ID Number.....

Reason for withdrawal:

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

Participants Name:

Participants Signature:

Date:

Statement by Participants

I have been invited to participate in research titled 'Use of time by stroke patients'

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant _____

Signature of Participant _____

Date:

Statement by the researcher taking consent

I confirm that the participant was allowed to ask questions about the study, and all the questions asked by the participant have been answered correctly to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Name of Researcher taking the consent _____

Signature of Researcher taking the consent _____

Date.....

বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সি আর পি- চাপাইন, সাভার, ঢাকা-১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স: ০২-
৭৭৪৫০৬

অংশগ্রহণকারীদের তথ্য ও সম্মতিপত্র

গবেষনার বিষয়ঃ স্ট্রোক রোগীরা কিভাবে তাদের সময় ব্যবহার করে সেটা নির্ণয় করা।

গবেষকঃ নুরুন্নাহার, বি এস সি ইন অকুপেশনাল থেরাপি, চতুর্থ বর্ষ, সেশনঃ ২০১৬-১৭, বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়কঃ নয়ন কুমার চন্দ, লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

গবেষনার স্থানঃ বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি), সাভার এবং মিরপুর, ঢাকা, বাংলাদেশ।

তথ্যপত্রঃ

ভূমিকাঃ

আমি নূরুন নাহার, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে, বি.এস.সি. ইন অকুপেশনাল থেরাপি বিভাগে

৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৬-২০১৭) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের প্রভাষক নয়ন কুমার চন্দ এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এই গবেষণাটির উদ্দেশ্য হলো স্ট্রোক রোগীরা কিভাবে তাদের সময় ব্যবহার করছে। আমি আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি, আপনার মূল্যবান অংশগ্রহণ এই গবেষণা প্রকল্পকে জোরদার করবে। গবেষণার সমস্ত বিস্তারিত এই তথ্যপত্রে দেওয়া আছে, আপনার যদি তথ্যপত্রটি পড়ে কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দিধায় প্রশ্ন করতে পারেন।

গবেষনার প্রেক্ষাপট ও উদ্দেশ্য:

এই গবেষণাটি সি আর পি (সাভার ও মিরপুর) এর স্ট্রোক আউটপেশেন্ট ইউনিট এর রোগীদের নিয়ে করা হবে। এয় গবেষণাটির সাধারণ উদ্দেশ্য হলো, স্ট্রোক রোগীরা কিভাবে এবং কোন কোন কাজে তাদের কতটুকু সময় ব্যবহার করে তা নির্ণয় করা। আমি বিষয় সম্পর্কে জানতে বেশি আগ্রহী, কারণ বাংলাদেশে এই বিষয় নিয়ে কোন

গবেষণা হয়নি। আপনার স্বেচ্ছায় অংশগ্রহণের এবং আপনার দেওয়া তথ্যের মাধ্যমে আপনার জীবনযাত্রার মান প্রকাশ করতে সুবিধা হবে।

এই গবেষণা কর্মটিতে অংশগ্রহণের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাক:

আপনার থেকে অনুমতি পত্রে স্বাক্ষর নেবার আগে এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্য সমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান হলে সম্মতিপত্র আপনাকে স্বাক্ষর করতে হবে, আপনি অংশগ্রহণ নিশ্চিত করলে আপনার সংরক্ষণের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেওয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত সংগ্রহের একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্ন পত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ অইচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনি সম্মতি প্রদান করা সত্ত্বেও যেকোনো সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন।

অংশগ্রহণের সুবিধা ও ঝুঁকিসমূহ:

এই গবেষণায় অংশগ্রহণের জন্য কোন বাহ্যিক চাপ এবং পারিশ্রমিক নেই। আপনার কোন ঝুঁকি থাকবে না এবং প্রশ্নের উত্তর দেবার সময় আপনি কোন প্রকার শারীরিক বা মানসিক ক্ষতির সম্মুখীন হবেন না।

তথ্যের গোপনীয়তা:

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পে জড়িত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। যেমন- নাম, বয়স, লিঙ্গ, বৈবাহিক আবস্থা,

আয়, মোবাইল নাম্বার ইত্যাদি। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য, যা আপনাকে শনাক্ত করতে পারবে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য সাংকেতিক ভাবে উল্লেখ করা হবে। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্যের ভিতরে ঢুকতে এবং চিহ্নিত করতে সক্ষম হবেন। সাংকেতিক উপায়ে চিহ্নিত ডেটা পরবর্তী ডেটা বিশ্লেষণের জন্য ব্যবহার করা হবে। তথ্য পত্র একটি তালাযুক্ত বন্ধ স্থানে রাখা হবে। তথ্যের ইলেকট্রনিক্স সংস্করণ বিএইচপিআই-এর অকুপেশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংরক্ষণ করা হবে। যে কোনো প্রকাশনা এবং উপস্থাপনায়, তথ্য এমনভাবে প্রদান করা হবে যাতে আপনার তথ্য গোপন থাকবে।

এই গবেষণা সম্পর্কে জানতে কোথায় যোগাযোগ করতে হবে?

গবেষণা প্রকল্প টি বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্প টি সম্পর্কে কোন প্রশ্ন থাকলে এখন অথবা পরবর্তীতে যেকোনো সময়ে তা জিজ্ঞাসা করা যাবে, সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত নাম্বারে ০১৬৪৭৭০০২৩০ (নূরুন নাহার) যোগাযোগ করতে পারেন। এই গবেষণা প্রকল্প টি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে (সিআরপি-বিএইচপিআই/আইআরবি) পর্যালোচিত ও অনুমোদিত হয়েছে। এই গবেষণার প্রকল্প পরিচালনা প্রশ্ন উদ্ভিন্ন অথবা অভিযোগকারী ব্যক্তি প্রাতিষ্ঠানিক নৈতিকতা পর্যায় পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কে তথ্য:

আপনার সম্মতি সত্ত্বে, আপনি ডেটা বিশ্লেষণের আগে আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। তবে আমরা আপনাকে কারণ জানানোর জন্য উৎসাহিত করছি। কিন্তু যদি আপনি জানাতে না চান, প্রত্যাহার পত্রে এটি উল্লেখ করবেন।

অংশগ্রহণকারীর নামঃ	তারিখঃ
অংশগ্রহণকারীর সাক্ষরঃ	তারিখঃ

অংশগ্রহণকারীর প্রত্যাহারপত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

অংশগ্রহণকারীর নাম.....

প্রত্যাহার করার কারণঃ

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পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ অথবা না

অংশগ্রহণকারীর সাক্ষরঃ	তারিখঃ
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Appendix C: Questionnaire

Socio-demographic Information

Name:

Age:

Educational Qualification:

Date of Stroke:

How long have you been receiving therapy from the CRP?

-

Contact Number:

সামাজিক-জনতান্ত্রিক তথ্য

নাম:

বয়স:

শিক্ষাগত যোগ্যতা:

স্ট্রাকের তারিখ:

আপনি কতদিন যাবত সি আর পি থেকে থেরাপি নিচ্ছেন?

-

যোগাযোগের নম্বর:

Modified Occupational Questionnaire

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

<p>BEFORE</p> <p>READING FURTHER,</p> <p>PLEASE INDICATE</p> <p>WHAT DAY IT IS TODAY.</p>

- Monday Tuesday Wednesday
 Thursday Friday Saturday
 Sunday

In this section, you will be asked to record **what you did yesterday**.

Was yesterday a “typical”

day for you?

Yes, a fairly typical day

No

If yesterday was not a typical day,

please describe what made it unusual? _____

Please use the worksheets on the following pages to record the activities you spent time doing yesterday.

After listing the activities, go back and answer the four questions about each activity. Even if a question does not seem appropriate for some of your activities, please try

to respond to each one as accurately as possible. Your answers to every question are important!

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:
5:00 am (please write what you did in this space)	<input type="checkbox"/> work <input type="checkbox"/> unpaid work <input type="checkbox"/> study <input type="checkbox"/> housework <input type="checkbox"/> travel <input type="checkbox"/> caring for myself <input type="checkbox"/> caring for others <input type="checkbox"/> playing with children <input type="checkbox"/> sport <input type="checkbox"/> recreation/leisure <input type="checkbox"/> socialising <input type="checkbox"/> chilling / doing nothing <input type="checkbox"/> rest <input type="checkbox"/> other.....	<input type="checkbox"/> I had to do it <input type="checkbox"/> I wanted to do it <input type="checkbox"/> I had nothing else to do	<input type="checkbox"/> extremely valuable to me <input type="checkbox"/> quite valuable to me <input type="checkbox"/> somewhat valuable to me <input type="checkbox"/> not very valuable to me <input type="checkbox"/> not at all valuable to me	<input type="checkbox"/> extremely valuable to society <input type="checkbox"/> quite valuable to society <input type="checkbox"/> somewhat valuable to society <input type="checkbox"/> not very valuable to society <input type="checkbox"/> not at all valuable to society
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পরিবর্তিত পেশাগত প্রশ্নাবলী

পড়ার আগে, আজ কি দিন তা নির্দেশ করুন

- সোমবার মঙ্গলবার বুধবার বৃহস্পতিবার
 শুক্রবার শনিবার রবিবার

গতকাল কি একটি 'সাধারণ' দিন ছিলো আপনার জন্য?

- হ্যাঁ, একটি মোটামুটি সাধারণ দিন
 না

গতকাল একটি সাধারণ দিন না হলে, এটা কেনো অস্বাভাবিক দিন ছিলো বর্ণনা করুন

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অনুগ্রহ করে নিম্নলিখিত পৃষ্ঠাগুলির কার্যপত্রগুলি রেকর্ড করুন যা আপনি গতকালের জন্য সময় ব্যয় করেছেন। কার্যক্রম তালিকাভুক্ত করার পর, ফিরে যান এবং প্রতিটি কার্যকলাপ সম্পর্কে চারটি প্রশ্নের উত্তর দিন। এমনকি যদি আপনার কিছু কার্যকলাপের জন্য একটি প্রশ্ন উপযুক্ত মনে না হয়, অনুগ্রহ করে চেষ্টা করুন যথাসম্ভব নির্ভুলভাবে প্রতিটিকে সাড়া দিতে। আপনার প্রতিটি প্রশ্নের উত্তর গুরুত্বপূর্ণ!

গতকাল আমি যা করেছিলাম	আমি এই কাজটি বিবেচনা করবোঃ	আপনি কেন এটা করেছিলেনঃ	আপনার কাছে এটি কতটা মূল্যবান:	সমাজ এটিকে কতটা মূল্য দেয়ঃ
ভোর ৫.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/ পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

সকাল ৬.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/ পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
৭.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
৮.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

৯.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
১০.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
১১.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

<p>দুপুর ১২.০০ টা</p>	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
<p>১.০০ টা</p>	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
<p>২.০০ টা</p>	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

৩.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
বিকাল ৪.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
৫.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

সন্ধ্যা ৬.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
৭.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
রাত ৮.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

৯.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
১০.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
১১.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

১২.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
১.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
২.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়

৩.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়
৪.০০ টা	<ul style="list-style-type: none"> ▪ কাজ ▪ বিনাবেতনে কাজ ▪ অধ্যয়ন/পড়াশুনা ▪ গৃহকর্ম ▪ ভ্রমণ করা ▪ নিজের যত্ন নেওয়া ▪ অন্যদের যত্ন নেয়া ▪ বাচ্চাদের সাথে খেলা ▪ খেলা ▪ বিনোদন/অবসর ▪ সামাজিকীকরণ ▪ শীতল হওয়া / কিছুই করা না ▪ বিশ্রাম ▪ অন্যান্য..... 	<ul style="list-style-type: none"> ▪ এটা আমাকে করতেই হতো ▪ আমি এটা করতে চেয়েছিলাম ▪ আমার আর কিছু করার ছিল না 	<ul style="list-style-type: none"> ▪ আমার কাছে অত্যন্ত মূল্যবান ▪ আমার কাছে বেশ মূল্যবান ▪ আমার কাছে কিছুটা মূল্যবান ▪ আমার কাছে খুব মূল্যবান নয় ▪ আমার কাছে মূল্যবান নয় 	<ul style="list-style-type: none"> ▪ সমাজের জন্য অত্যন্ত মূল্যবান ▪ সমাজের জন্য বেশ মূল্যবান ▪ সমাজের কাছে কিছুটা মূল্যবান ▪ সমাজের কাছে খুব একটা মূল্যবান নয় ▪ সমাজের কাছে মূল্যবান নয়