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| **Mental health (depression)** |

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| **Mental health**  |
| The next questions are about feelings of sadness, depression, and loss of interest and pleasure.  |
| **Question** | **Response** | **Code** |
| In the last 12 months, have you, for a period of at least 2 weeks, felt **sad or depressed** for **most of the day**, **nearly every day**? | Yes | 1  | MH1 |
| No | 2  |
| Refused | 88 |
| In the last 12 months, have you, for a period of at least 2 weeks, been **a lot less interested** in, or experienced a lot **less pleasure** from, doing the things you normally enjoy? | Yes | 1  | MH2 |
| No | 2 *If No and MH1=2, go to next module* |
| Refused | 88 |
| Please tell me when in the last 12 months you experienced the worst period of [LOW MOOD and/or LOSS OF INTEREST OR PLEASURE] that lasted for at least 2 weeks?  | Period (e.g., month):  | \_\_\_\_\_\_\_\_\_\_\_ | MH3 |
| The next questions I am going to ask you will all refer specifically to this time, that is [INSERT ANSWER TO MH3]. Try to remember as best you can what you were experiencing **during that time**, rather than what you might have experienced at other times. |
| During this time in which your [LOW MOOD and/or LOSS OF INTEREST] were at its worst, that is [SPECIFY PERIOD FROM MH3], did you have more **trouble concentrating** and **staying focused** on things than usual **OR** did you struggle more than usual to make **decisions** most of the day, nearly every day for at least 2 weeks? | Yes | 1 | MH4 |
| No | 2 |
| Refused | 88 |
| During that same 2-week period, in [SPECIFY PERIOD], did you feel **less valuable** as a person or even **worthless** most of the day, nearly every day? | Yes | 1 *Go to MH7*  | MH5 |
| No | 2  |
| Refused | 88 |
| During that same 2-week period, did you feel **overly guilty** about things you did or neglected to do most of the day, nearly every day?  | Yes | 1  | MH6 |
| No | 2 |
| Refused | 88 |
| During that same 2-week period, did you feel more **hopeless** about the future, like things would never turn out well for you most of the day, nearly every day? | Yes | 1 | MH7 |
| No | 2 |
| Refused | 88 |
| The next question can be a sensitive question. During that same 2-week period, in [SPECIFY PERIOD], on most days did you think about **death** or suicide, or did you try to end your life? | Yes | 1  | MH8 |
| No | 2 |
| Refused | 88 |
| On most days during that same 2-week period, did you have more **trouble** **sleeping** than usual (for example falling or staying asleep), or did you sleep a lot more than you usually do? | Yes | 1  | MH9 |
| No | 2 |
| Refused | 88 |
| On most days during that same 2-week period, did you **not want to eat** even when food was available, **OR** did you **eat more** than before your [LOW MOOD, and/or LOSS OF INTEREST] started? | Yes | 1  | MH10 |
| No | 2 |
| Refused | 88 |
| On most days during that same 2-week period, did you have **less energy** than before your [LOW MOOD, and/or LOSS OF INTEREST] started **OR** were you much more tired than usual even when doing some small task? | Yes | 1  | MH11 |
| No | 2 |
| Refused | 88 |
| On most days during that same 2-week period, did others notice you were moving or speaking **more slowly** than is normal for you, **OR** the opposite — did others notice you were **fidgeting or pacing around** a lot?  | Yes | 1 | MH12 |
| No | 2  |
| Refused | 88 |
| If less than five of the following symptoms are coded Yes: [MH1], [MH2], [MH4], [MH5 OR MH6], [MH7], [MH8], [MH9], [MH10], [MH11], [MH12], go to next module |
| During this time when you experienced [LIST ALL ENDORSED SYMPTOMS], did these difficulties affect your ability to function in daily life (for example your work or school, your social life, your relationships)?*.* | Yes, some difficulty in daily life | 1  | MH13 |
| Yes, considerable difficulty in multiple aspects of daily life | 2 |
| Yes, serious difficulty continuing to function in most aspects of daily life | 3 |
| No | 4 *Go to next module*  |
| Refused | 88 |
| **Treatment coverage** |
| In the past 12 months, have you taken **anti-depressant medication** prescribed by a doctor or other health worker? | Yes, for less than 3 months | 1  | MH14 |
| Yes, for 3 months or more | 2 |
| No | 3 |
| Refused | 88 |
| In the past 12 months, have you received **psychological therapy/counselling sessions for at least 30 minutes by a doctor or other health worker** for the difficulties we’ve just talked about?*.* | Yes: 1 to 3 sessions | 1  | MH15 |
| Yes, 4 sessions or more | 2 |
| No | 3 |
| Refused | 88 |