



FACILITY DETECTION STUDY

Developed by the Programme for Improving Mental Health CarE



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PRogramme for Improving Mental health carE (PRIME) is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (DFID). The project aim is to develop world-class research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. Partners and collaborators in the consortium include Addis Ababa University and Ministry of Health (Ethiopia), Sangath, Public Health Foundation of India and Madhya Pradesh State Ministry of Health (India), Health Net TPO and Ministry of Health (Nepal), University of Kwazulu-Natal, Human Sciences Research Council, Perinatal Mental Health Project and Department of Health (South Africa), Makerere University and Ministry of Health (Uganda), BasicNeeds, Centre for Global Mental Health (London School of Hygiene & Tropical Medicine and Kings Health Partners, UK) and the World Health Organisation (WHO). This material has been funded by UK aid from the UK Government, however the views expressed do not necessarily reflect the UK Government's official policies.

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Cover page

Questionnaire ID		QNO
Clinic name		CNAME
Clinic ID		CID
Interview date	DD / MM / YY	DATE
Interview time	HH : MM AM / PM	T0
Name of interviewer		INTNAME
Interviewer ID		INTID
Field supervisor ID		SUPID
Data entry specialist ID		DATAID

Basic socio-demographic information

[Section developed by PRIME.]

A1	[Record start time]	HH : MM AM / PM		T1
A2	How old are you?	☞ years		AGE
A3	[Interviewee sex]	Male	0	SEX
		Female	1	
		Third sex (NE)	2	
A4	What is the highest level of education you have completed?	Can't read or write (ET)	0	EDU
		Less than primary school	1	
		Primary school	2	
		Secondary school	3	
		College/University	4	
A5	What is your employment status?	Paid or self-employment	1	EMP
		Voluntary employment	2	
		Unemployed	3	
		Student	4	EMPOT
		Retired	5	
		Other [Specify]	77	

Screening tools

Screening tools, treatment pathways and suicide AUDIT and treatment

Now I am going to ask you some questions about your use of alcoholic beverages during the past 3 months. Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and as accurate as you can be.



Visual cues for "a drink" – Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks"



[See (Babor et al., 2001)]

B1				AUD1
B2				AUD2
B3				AUD3
B4				AUD4
B5				AUD5
B6				AUD6
B7				AUD7
B8				AUD8
B9				AUD9

B10				AUD10
B11	Today, will you talk to a health worker about any problems you are experiencing because of drinking?	No	0	AUDEM_TALK
		Yes	1	
B12				AUDEM_ASK
B13	Would you mind if the health worker you see asks you about your drinking habits?	Would not mind at all	0	AUDEM_MIND
		Would not mind much	1	
		Neutral	2	
		Would mind a little	3	
		Would mind a lot	4	
		Not applicable / I do not have drinking problems	66	
B14	Would you find it helpful to talk to the health worker about drinking?	Not helpful at all	0	AUDEM_HELP
		Not really helpful	1	
		Neutral	2	
		Somewhat helpful	3	
		Very helpful	4	
		Not applicable / I do not have drinking problems	66	
B15	Please give me a moment to tabulate some of your responses. [Total score for B1-B10; Score skipped questions as 0]			AUDTOT
	AUDIT score	<16 [→ go to B24]		
		≥16 [→ go to B16]		

Alcohol help-seeking				
B16	<p>You just mentioned experiencing several problems with drinking on a daily or weekly basis.</p> <p>How long ago did you most recently start to have these problems with alcohol?</p>	<input type="checkbox"/> Weeks ago <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago		AUDSTARTW AUDSTARTM AUDSTARTY
B17	<p>Did you seek any help for these recent problems with alcohol?</p> <p>By help I mean the kind of support you can get from someone like a traditional healer, community health worker or medical professional.</p>	<p>No [→go to B22]</p> <p>Yes</p>		AUDRECHHELP
	B18	<p>How long ago did you <u>first</u> seek help for this <u>most recent</u> episode?</p> <p><input type="checkbox"/> Weeks ago <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago [If here today for help →go to B22]</p>		
B19	<p>Who did you <u>first</u> seek help from for this most recent episode?</p>	Traditional healer	1	AUDRECWHO
		Religious or spiritual advisor	2	
		Community health worker	3	
		Nurse/midwife	4	
		Pharmacist	5	
		General doctor	6	
		Specialist doctor	7	
		Psychiatrist	8	
		Another mental health worker	9	
		Someone else [specify]	77	<input type="checkbox"/> AUDRECWHOO
B20	<p>How much did [person in B19] help you?</p>	Did not help at all	0	AUDRECHOW
		Helped a bit	1	
		Helped a lot	2	
		Don't know	888	
B21		<p>In addition to the [person in B19] have you sought help from a [person listed below] since the problems most recently started?</p> <p>0=No [→next row] 1=Yes [→next column] [Skip over person from B15]</p>	<p>How much did the [person listed below] help you?</p> <p>0=Did not help at all 1=Helped a bit 2=Helped a lot 888=Don't know</p>	

		_SEEN	_HELP	
	Traditional healer			AUDTXTRAD_
	Religious or spiritual advisor			AUDTXREL_
	Community health worker			AUDTXCHW_
	Nurse/midwife			AUDTXNUR_
	Pharmacist			AUDTXPHARM_
	General doctor			AUDTXGEN_
	Specialist doctor			AUDTXSPEC_
	Psychiatrist			AUDTXPSY_
	Another mental health worker			AUDTXOMENT_
	Someone else [specify] 			AUDTXOTH_  AUDTXO
B22	Are you here today (at the clinic) because you are seeking help for problems with alcohol?	No [→read out instruction for NO]	0	AUDHERE
		Yes [→read out instruction for YES]	1	
	<p>Instruction for NO: I am going to tell you some reasons people have for not seeking professional help for problems with alcohol, even when they think they might need it. Just tell me “yes” or “no” whether each statement applies to you.</p> <p>Instruction for YES: I am going to tell you some concerns people have when deciding when to seek professional help for problems with alcohol. Just tell me “yes” or “no” whether each statement applies to you.</p> <p>See (Robins et al. 1988) Services (SR) module items 116b, c, d, f, g, h, i, j, l, m and (Clement et al. 2012) additional file BACE-3, items 1,2,4,5,6,7,8,11,12,13, 17,21, 22,25,29.</p>			
B23	[Read each statement]		0=No 1=Yes 888=Don't know	AUDAPPLY_
				_BETTER
				_COST
				_WHO
				_FIND
				_TIME
				_SELF
				_HOSP
				_SATIS
				_PREV
				_BOTHER
				_LOGIST
				_TRANSP
				_NOTX
			_LESS	
			_DIFFER	
			_WORK	

			_FAM
	I was concerned that it might harm my own or my family members' chances of getting married if people found out I am seeking professional help for this problem		_MARRY
			_SHAME
			_SFX
	Any other reasons or concerns [specify]		_OTHER
			 AUDAPPLYO

PHQ-9 and treatment

I am going to describe some feelings people have, and ask if you have felt any over the past two weeks.

After those questions, I will ask if you have been bothered by any of the same problems for a period of two weeks or more at some other time in the past year.

Over the last two weeks, how often have you been bothered by any of the following problems?

See (Kroenke, Spitzer, and Williams 2001)

B24		0	PHQ1
		1	
		2	
		3	
B25		0	PHQ2
		1	
		2	
		3	
B26		0	PHQ3
		1	
		2	
		3	
B27		0	PHQ4
		1	
		2	
		3	
B28		0	PHQ5
		1	
		2	
		3	
B29		0	PHQ6
		1	
		2	
		3	
B30		0	PHQ7
		1	
		2	
		3	
B31		0	PHQ8
		1	
		2	
		3	
		0	PHQ9

B32			1	
			2	
			3	
B33	Today, will you talk to a health worker about any emotional problems you are experiencing?	No	0	DDEM_TALK
		Yes	1	
B34				DDEM_ASK
B35	Would you mind if the health worker you see asks you about your emotional state?	Would not mind at all	0	DDEM_MIND
		Would not mind much	1	
		Neutral	2	
		Would mind a little	3	
		Would minded a lot	4	
		Not applicable / I do not have emotional problems	66	
B36	Would you find it helpful to talk to the health worker about emotional problems?	Not helpful at all	0	DDEM_HELP
		Not really helpful	1	
		Neutral	2	
		Somewhat helpful	3	
		Very helpful	4	
		Not applicable / I do not have emotional problems	66	
	Please give me a moment to tabulate some of your responses. [Total for PHQ1-PHQ9]			PHQTOT
	How difficult have these problems maed it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	1	PHQDIFF
		Somewhat difficult	2	
		Very difficult	3	
		Extremely difficult	4	
B37	Apart from these past two weeks, in the past 12 months, did you have other episodes of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about?	No	0	DEPHIS
		Yes [->go to B38]	1	
	PHQ-9 score	≤Y [->go to Selection table]		
		>Y [->go to B38]		

Depression help-seeking				
B38	<p>You just mentioned experiencing several problems, such as feeling depressed or uninterested in most things.</p> <p>How long ago did you most recently have an episode of these problems, whereby the problems lasted for two weeks or more?</p>	<input type="checkbox"/> Weeks ago <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago		DDSTARTW DDSTARTM DDSTARTY
B39	<p>Did you seek any help for these problems?</p>	No [→go to B44]		DDRECHELP
	<p>By help I mean the kind of support you can get from someone like a traditional healer, community health worker or medical professional.</p>	Yes		
B40	<p>How long ago did you first seek help for this most recent episode of problems?</p>	<input type="checkbox"/> Weeks ago <input type="checkbox"/> Months ago <input type="checkbox"/> Years ago [If here today for help →go to B44]		DDRECW DDRECM DDRECY
B41	<p>Who did you first seek help from for this most recent episode of problems?</p>	Traditional healer	1	DDRECWHO
		Religious or spiritual advisor	2	
		Community health worker	3	
		Nurse/midwife	4	
		Pharmacist	5	
		General doctor	6	
		Specialist doctor	7	
		Psychiatrist	8	
		Another mental health worker	9	
		Someone else [specify]	77	<input type="checkbox"/> DDRECWHOO
B42	<p>How much did [person in B41] help you?</p>	Did not help at all	0	DDRECHOW
		Helped a bit	1	
		Helped a lot	2	
		Don't know	888	
B43		<p>In addition to the [person in B41] have you sought help from a [person listed below] since the problems most recently started?</p> <p>0=No [→next row] 1=Yes [→next column] [Skip over person from B41]</p>	<p>How much did the [person listed below] help you?</p> <p>0=Did not help at all 1=Helped a bit 2=Helped a lot</p>	

			888=Don't know	
		_SEEN	_HELP	
	Traditional healer			DDTXTRAD_
	Religious or spiritual advisor			DDTXREL_
	Community health worker			DDTXCHW_
	Nurse/midwife			DDTXNUR_
	Pharmacist			DDTXPHARM_
	General doctor			DDTXGEN_
	Specialist doctor			DDTXSPEC_
	Psychiatrist			DDTXPSY_
	Another mental health worker			DDTXOMENT_
	Someone else [specify] ✍			DDTXOTH_ ✍ DDTXO
B44	Are you here today (at the clinic) because you are seeking help for these problems?	No [→read out instruction for NO] Yes [→read out instruction for YES]	0 1	
	<p>Instruction for NO: I am going to tell you some reasons people have for not seeking professional help for problems such as feeling depressed or uninterested in most things, even when they think they might need it. Just tell me “yes” or “no” whether each statement applies to you.</p> <p>Instruction for YES: I am going to tell you some concerns people have when deciding when to seek professional help for problems such as feeling depressed or uninterested in most things. Just tell me “yes” or “no” whether each statement applies to you.</p> <p>See (Robins et al. 1988) Services (SR) module items 116b, c, d, f, g, h, i, j, l, m and (Clement et al. 2012) additional file BACE-3, items 1,2,4,5,6,7,8,11,12,13, 17,21, 22,25, 29.</p>			
B45	[Read each statement]		0=No 1=Yes 888=Don't know	DDAPPLY_ _BETTER _COST _WHO _FIND _TIME _SELF _HOSP _SATIS _PREV _BOTHER _LOGIST _TRANSP _NOTX _LESS

			_DIFFER
			_WORK
			_FAM
	I was concerned that it might harm my own or my family members' chances of getting married if people found out I am seeking professional help for this problem		_MARRY
			_SHAME
			_SFX
	Any other reasons or concerns [specify]		_OTHER
			AUDAPPLYO

Suicidal ideation and action

See (Robins et al. 1988) Suicidality (SD) module items SD16, SD18, SD23, SD25

C1		No [→ go to Selection table]	0	SUITHINK
		Yes	1	
C2		No [→ go to Selection table]	0	SUIPLAN
		Yes	1	
C3		No [→ go to Selection table]	0	SUIATT
		Yes	1	
C4		No	0	SUIMED
		Yes	1	
C5	In the past 12 months, have you spoken to anyone about thinking about or attempting to take your own life?	No [→ go to Selection table]	0	SUIDISC
		Yes	1	
C6	To whom have you spoken? (Circle all that apply) Anyone else?	Friend / neighbour	1	SUIDISC_ _FRIEND _SPOUSE _OFAM _EMPL _REL _HCWORK _OTHER
		Spouse/partner	2	
		Other family member	3	
		Employer/co-worker	4	
		Religious advisor, spiritual advisor or traditional healer	5	
		Health care worker (e.g. nurse/doctor, specialist)	6	
		Other (specify)	77	
			SUICDISCO	
C7	Did you receive any treatment for thinking about or attempting to take your own life?	No [→ go to Selection table]	0	SUITX
		Yes	1	
		Don't know [→ go to Selection table]	888	
C8	What treatment did you receive?			SUITXO
[Prepare suicidality referral] [→ go to Selection table]				

Selection Table		
AUDIT screen	Negative	Go to next question
	Positive	→Go to next section
PHQ9 screen	Negative	Go to next question
	Positive	→Go to next section
Recent depression-related symptoms (DEPHIS)	No	Go to thank you script / end
	Yes	→Go to next section

Disability and health care use

WHO Disability Assessment Schedule II

See (Üstün et al. 2010) WHODAS 2.0 interviewer-administered 12-item version, items S1-S12 and H1-H3

1				OVERALL
2			1	STAND
			2	
			3	
			4	
			5	
3			1	HOUSE
			2	
			3	
			4	
			5	
4			1	LEARN
			2	
			3	
			4	
			5	
5			1	JOIN
			2	
			3	
			4	
			5	
6			1	EMOTE
			2	
			3	
			4	
			5	
7				CONC
8				WALK
9				WASH
10				DRESS

11				DEAL
12				FRIEND
13				DAY
14				INTERF
15		_____ days		DIFFDAYS
16		_____ days		UNABLE
17		_____ days		CUTBACK

Individual characteristics				
F1	What is your marital status?	Single	1	MARIT
		Married	2	
		Divorced	3	
		Widowed	4	
		Married but not living together	5	
		Cohabiting	6	
F2	[For female interviewees] Are you pregnant?	No	0	PREG
		Yes	1	
		Not applicable	66	
		Don't know	88	
F3	Do you have children?	No [->go to F5]	0	KIDS
		Yes	1	
F4	How old is your youngest child?	_____ months _____ years		KIDMO KIDYR
F5	What is your religion?	Catholic (UG)	1	RELIG
		Moslem	2	
		Protestant	3	

		Orthodox (ET)	4	RELIGO
		Hindu (IN,NE)	5	
		Buddhist / Neo-Buddhist (IN, NE)	6	
		Christian (IN)	7	
		Sikh (IN)	8	
		Jain (IN)	9	
		Other [Specify] ☒	77	
F6	What is your occupation? [Alternative question] When you have work, what sort of work do you normally engage in?	Home worker (e.g. housewife)	1	OCC
		Unskilled labourer (e.g. farmhand)	2	
		Skilled labourer (e.g. builder)	3	
		Services / sales (e.g. shop worker)	4	
		Clerical worker (e.g. secretary)	5	
		Professional (e.g. nurse, lawyer, doctor)	6	
		Other [Specify] ☒	77	
F7	Has anyone in your household, including yourself, been hungry in the last month due to lack of resources/food?	No	0	OCCO HHFOOD
		Yes	1	

Detailed sociodemographics

Household asset index

I want to ask you a few questions about the characteristics of your home.

See (Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc 2012) Household questions 102, 107, 108, 110, 111, 112/113, 114.


Also see (Central Statistical Agency of Ethiopia and ICF International 2012; International Institute for Population Sciences (IIPS) and Macro International 2008; Uganda Bureau of Statistics (UBOS) and ICF International 2012)

F8				WATER
F9				TOILET
F10				SHARET
F11				ELEC
F12				RADIO
F13				TV
F14				MOBILE
F15				FRIGE
F16				FUEL
F17				KITCHEN
F18				FLOOR


[Referral script for depression]
[Referral script for AUD]
[Referral script for suicidality]
[Thank you script]

	[Record end time]	HH : MM	T1
--	--------------------------	---------	-----------

Interviewer comments



Supervisor comments



Appendix A: Data collection form for audio recordings / 3rd party observation / existing clinic notes

Consultation details				
F1	Questionnaire ID			QNO
F2	Research staff ID			SID
F3	Respondent name / clinic identifier	<input type="text"/>		
F4	Consultation date	DD / MM / YY		CCDATE
F5	Clinician name	<input type="text"/>		CLINICIAN
F6	Clinician role	GP	1	CLINROLE
		Psychiatrist	2	
		Nurse	3	
		Etc	4	
		Etc	5	
		Other [specify] <input type="text"/>	77	
F7	Was a diagnosis of depression given?	No	0	CCDEP
		Yes	1	
		Unclear	888	
F8	Was a diagnosis of alcohol use disorder given?	No	0	CCAUD
		Yes	1	
		Unclear	888	
F9	Was any other health condition diagnosed?	No [→go to F10]	0	CDXMH
		Yes	1	
		Unclear	888	
F10	Which condition(s)?	<input type="text"/>		CDXMHO
F11	Is counselling recommended?	No [→go to F13]	0	CCOUNS
		Yes	1	

		Unclear	888	
F12	How many sessions are recommended?	☒		CCOUNSNUM
F13	Were medications prescribed / dispensed?	No [→go to F15]	0	CCTX
		Yes	1	
F14	What medications did the clinician prescribe?	Medication name	Dose/day	Duration
		#1		
		#2		
		#3		
F15	Were there any referrals made?	No / unclear [→go to F17]	0	CCREF
		Yes	1	
		Unclear	888	
F16	Details of referrals	☒		CCREFO
F17	Other notes	☒		CNOTE

Appendix B: Purpose-build clinical consultation record

Consultation details															
	Respondent name / clinic identifier														
	Consultation date	DD / MM / YY	CCDATE												
	Clinician name		CLINICIAN												
	Diagnosis 1		DIAGNOSES												
	Diagnosis 2														
	Diagnosis 3														
	Diagnosis 4														
	Advice for patient		ADVICE												
	Prescriptions	<table border="1"> <thead> <tr> <th>Medication name</th> <th>Dose/day</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td></td> <td></td> </tr> <tr> <td>#2</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td></td> <td></td> </tr> </tbody> </table>	Medication name	Dose/day	Duration	#1			#2			#3			CCTX# _NAME _DOSE _DAYS
		Medication name	Dose/day	Duration											
		#1													
		#2													
#3															
	Details of referrals		CCREFO												
	Other notes		CNOTE												

Appendix C: Quantitative interview with respondent re consultation

Consultation details					
I have a few questions about your visit to the clinic today.					
D1	What kind of health worker did you see today?	Nurse / midwife	3	CLINICIAN	
		General doctor	5		
		Specialist doctor	6		
		Psychiatrist	7		
		Other mental health worker	8		
D2	What symptoms did you report to the [health worker]?	☐		CSX	
D3	After hearing about your symptoms and examining you, what did the [health worker] conclude?	☐		CDX	
D4	Did the [health worker] give you a diagnosis of alcohol problems?	No / Don't know	0	CDX_AUD	
		Yes	1		
D5	Did the [health worker] give you a diagnosis of depression?	No / Don't know	0	CDX_DEP	
		Yes	1		
D6	Did the [health worker] prescribe medication to you?	No [→go to D8]	0	CMED	
		Yes	1		
D7	What medications did the [health worker] suggest for you? What is the dose? How long is the prescription for? Can you show me the pills/prescription?	Name	Dose/day	Duration	CMED# _NAME _DOSE _DAYS
		#1 ☒	☒	☒	
		#2 ☒	☒	☒	
		#3 ☒	☒	☒	
D8	Did the [health worker] recommend counselling or therapy to you?	No [→go to D13]	0	CCOUN	
		Yes	1		
D9	What kind of counselling or therapy did the [health worker] recommend? [If respondent has difficulty, probe with the given responses here, eg "Was it psychotherapy" etc]	Psychotherapy	1	COUNSEL	
		Cognitive behavioural therapy	2		
		Group therapy	3		
		Etc	4		
		Other [specify] ☒	77	☒ COUNSELO	
D10		Community health worker	1	COUNSWHO	

	Who will provide the counselling/therapy?	Nurse/midwife	2	COUNSWHO O
		General doctor	3	
		Specialist doctor/psychologist	4	
		Psychiatrist	5	
		Another health worker [specify] 	77	
D11	How many counselling/therapy sessions did the [health worker] recommend?	 		COUNSNUM
D12	How long did the [health worker] say it would take to complete the counselling/therapy?	 weeks months		COUNSDURW COUNSDURM
D13	Did the [health worker] refer to you other health care providers? Who? [Write in "NA" if no referrals given]	1 		CREF1
		2 		CREF2
		3 		CREF3

Appendix D: Qualitative interview with respondent re-consultation

Exit Interview

I have a few questions about your visit to the clinic today. Please provide as much detail as you can.

[Start audio recording]

D1	How long did your consultation last today? (start and end time)		
D2	What kind of health worker did you see? For example, was the person a nurse, midwife, GP, or specialist, etc?		
D3	What symptoms/complaints did you report to the [health worker]?		
D4	After hearing about your symptoms and examining you, what did the [health worker] conclude/diagnose? [Alternative: What did the [health worker] tell you was the problem?]		
D5	What did the [health worker] say was the <u>reason</u> for the problem?		
D6	Did the [health worker] prescribe or dispense <u>medication</u> to you?	No [->go to D8]	
		Yes	
D7	<p>Can you show me the pills/prescription?</p> <p>What medications did the [health worker] prescribe?</p> <p>What was the dose (per day)?</p> <p>How long will you take this medication?</p> <p>Did the health worker prescribe any other medications?</p> <p>[Repeat detailed follow-up questions as necessary]</p>		
D8	Did the [health worker] give you any <u>advice</u> as part of your treatment?	No [->go to D10]	
		Yes	
D9	<p>What <u>advice</u> did the [health worker] give you?</p> <p>[Prompt: What sort of things did the [health worker] recommend for you to do or not do?]</p>		
D10	Did the [health worker] refer to you other health care providers?		
D11	To whom were you referred? What did the [health worker] tell you this person will do?		

[End audio recording]

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