



## Community Survey Questionnaire

Developed by the Programme for Improving Mental Health CarE



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## SECTION I

Basic socio-demographic information			
A1	[Record start time]	HH : MM	T0
A2	How old are you?	 <input type="text"/> years	AGE
A3	[Interviewee sex]	Male	0
		Female	1
A4	What is the highest level of education you have completed?	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
		Voluntary employment	2
		Unemployed	3
		Student	4
		Retired	5
		Other [Specify] 	77
			EMPOT


## SECTION II: Screening tools

### Audit and treatment

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.

*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	Total score for B1-B10	 _____		AUDTOT
	AUDIT score (=B11)	<X [→ go to B32]		
		>X [→ go to SA1]		

### AUD Internalized Stigma

You have mentioned that you frequently experience some problems with your drinking in the past year. I will ask you some questions about these problems. Let me know if you agree or disagree with the following statements.

See (Boyd Ritsher et al., 2003) items 1, 3, 5, 15, 16, 17, 19, 22, 23, 25, 28

SA1				_ISMI01
SA2				_ISMI05
SA3				_ISMI16
SA4				_ISMI17
SA5				_ISMI19
SA6				_ISMI23
SA7				_ISMI03
SA8				_ISMI15
SA9				_ISMI22
SA10				_ISMI25

SA11				_ISM128
[→ go to B12]				

B12	You mentioned that you frequently experience some problems with your drinking in the past 12 months. In the past 12 months, have you spoken to anyone about your concerns about your drinking?	No <i>[go to B14]</i>	0	AUDDISC
		Yes	1	
B13	To whom have you spoken? <i>[Circle all that apply]</i> Anyone else?	Friend / neighbour	1	AUDDISC_  FRIEND SPOUSE OFAM EMPL REL HCWORK OTHER
		Spouse/partner	2	
		Other family member	3	
		Employer / co-worker	4	
		Religious advisor	5	
		Health care worker (e.g. traditional healer, nurse/doctor, specialist)	6	
		Other (specify)	77	
B14	Did you seek any treatment for your use of alcohol at any time in the past 12 months?	No <i>[go to B32]</i>	0	AUDTX
		Yes	1	
		Don't know <i>[go to B16]</i>	888	
B15	From whom did you receive professional treatment? <i>[Choose all that apply before continuing. Complete both sections from B16 and B24 if necessary.]</i> Any others? <i>[If interviewee saw any 'generalist' in B15, go to B24.]</i> <i>[If interviewee did not see any 'generalist' in B15, go to PHQ9 and Treatment.]</i>	Specialist doctor: Psychiatrist <i>[go to B16]</i>	1	AUDTX_  _PSY  _OSPEC
		Specialist other: Other mental health professional, eg psychologist / counselor/mental health nurse <i>[go to B16]</i>	2	
		Generalist doctor: Any other medical doctor <i>[go to B24]</i>	3	

		Generalist other: e.g. General social worker, community health worker, nurse  <i>[go to B24]</i>	4	_OGEN
		Religious or spiritual advisor  <i>[go to B32]</i>	5	_REL
		Traditional healer, herbalist or spiritualist  <i>[go to B32]</i>	6	_TRAD
		Other <i>[specify]</i>  <i>[go to B32]</i>	77	_OTHER  AUDTXO

### Specialist AUD Care

B16	How many visits did you make in the past 12 months to the specialists named above?	___ visits		AUDSVISIT
B17	How many minutes did these visits last on average?	___ minutes		AUDSMINS
B18	What was the nature of the treatment provided by the specialist?	Medication	1	AUDSTXO
		Counselling <i>[go to B20]</i>	2	
		Other <i>[specify]</i> <i>[go to B20]</i>	77	
B19	What is the name and daily dosage of the medication(s) provided by specialists named above? How long were you taking this medication?	1.	___ weeks	AUDSRX1 AUDSRX2 AUDSRX3
		2.	___ weeks	
		3.	___ weeks	
		4. Don't know	888	
B20	Did you complete the full recommended course of treatment?	No	0	AUDSDONE
		Yes	1	

		Don't know	888	
B21	Are you still seeing a specialist?	No	0	AUDSSTOP
		Yes	1	
B22	How much has the treatment helped you?	A lot	1	AUDSHELP
		Some	2	
		A little	3	
		Not at all	4	
		Don't know	888	
B23	How satisfied are you with the treatments and services you received from your specialist(s) in the past 12 months?	Very satisfied	1	AUDSSAT
		Satisfied	2	
		Neither satisfied or dissatisfied	3	
		Dissatisfied	4	
		Very dissatisfied	5	
		Don't know	888	

### Generalist AUD Care

B24	How many visits did you make in the past 12 months to the generalists named above?	___ visits		AUDGVISIT
B25	How many minutes did these visits last on average?	___ minutes		AUDGMINS
B26	What was the nature of the treatment provided by the generalist(s)?	Medication	1	AUDGTX
		Counselling <i>[go to B28]</i>	2	AUDGTXO
		Other <i>[specify]</i> <i>[go to B28]</i>	77	
B27	What is the name and daily dosage of the medication(s) provided by the generalist(s) named above? How long were you taking this medication?	1.	_____ weeks	AUDGRX1
		2.	_____ weeks	AUDGRX2

		3.	_____ weeks	AUDGRX3
		4. Don't know	888	
B28	Did you complete the full recommended course of treatment?	No	0	AUDGDONE
		Yes	1	
		Don't know	888	
B29	Are you still seeing a generalist?	No	0	AUDGSTOP
		Yes	1	
B30	How much has the treatment helped you?	A lot	1	AUDGHELP
		Some	2	
		A little	3	
		Not at all	4	
		Don't know	888	
B31	How satisfied are you with the treatments and services you received from your generalist(s) in the past 12 months?	Very satisfied	1	AUDGSAT
		Satisfied	2	
		Neither satisfied or dissatisfied	3	
		Dissatisfied	4	
		Very dissatisfied	5	
		Don't know	888	
B32	Did you ever go to a self-help group like Alcoholics Anonymous for help with your use of alcohol?	No <i>[go to PHQ9 and Treatment]</i>	0	AUDAA
		Yes	1	
		Don't know <i>[go to PHQ9 and Treatment]</i>	888	
B33	How many meetings of such a group did you attend in the past 12 months?	_____ meetings		AUDAANO
		Don't know	888	



## PHq-9 and treatment

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

See (Kroenke et al., 2001)


P1				PHQ1
P2				PHQ2
P3				PHQ3
P4				PHQ4
P5				PHQ5
P6				PHQ6
P7				PHQ7
P8				PHQ8
P9				PHQ9
	Total for PHQ1-PHQ9	_____		PHQTOT
P10	Apart from these past two weeks, during 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 [go to P11]	0	DEPHIS
		Yes [go to P12]	1	
P11	PHQ9 score (=)	< X [go to SELECTION for Full Interview]		
		> X [go to next section]		

## Depression internalized stigma




You have mentioned that you frequently have been bothered with some problems recently. I will ask you some questions about these problems. Let me know if you agree or disagree with the following statements.

See (Boyd Ritsher et al., 2003) items 1, 3, 5, 15, 16, 17, 19, 22, 23, 25, 28

				DEPST_
P1				_ISM101
P2				_ISM105
P3				_ISM116
P4				_ISM117
P5				_ISM119
P6				_ISM123
P7				_ISM103

P8				_ISM15
P9				_ISM22
P10				_ISM25
P11				_ISM28
P12	You have mentioned that you frequently have been bothered with some problems in the past [ <i>two weeks/year</i> ], such as [ <i>having little interest in doing things / feeling down/ feeling tired etc.</i> ]. In the past 12 months, have you spoken to anyone about these problems?	No [→go to P25]	0	DEPDISC
		Yes	1	
P13	To whom have you spoken? (Circle all that apply) Anyone else?	Friend / neighbour	1	DEPDISC_ FRIEND SPOUSE
		Spouse/ partner	2	
		Other family member	3	OFAM EMPL
		Employer/ co-worker	4	
		Religious or spiritual advisor	5	REL
		Health care worker (e.g. traditional healer, nurse/doctor, specialist)	6	HCWORK
		Other (specify) 	77	OTHER
P14	Did you seek any treatment for these problems at any time in the past 12 months?	No [go to suicidal ideation section]	0	DEPTX
		Yes	1	
		Don't know [go to suicidal ideation section]	888	
P15	From whom did you receive treatment? [Chose all that apply before continuing. Complete both sections from P27 and P35 if necessary.] Any others?	<i>Specialist doctor</i> : Psychiatrist	1	DEPTX_ _PSY
		<i>Specialist other</i> : Other mental health professional, e.g. psychologist/counsellor/mental health nurse	2	_OSPEC
		<i>Generalist doctor</i> : Any other medical doctor	3	_GENDOC  _OGEN _REL _TRAD
		<i>Generalist other</i> : e.g. General social worker, community health worker, nurse	4	
		Religious or spiritual advisor	5	
		Traditional healer, herbalist, or spiritualist	6	

		Other (specify) 	77	_OTHER DEPTXO
--	--	--	----	------------------

Specialist depression care					
P1	How many visits did you make in the past 12 months to the <i>[all specialists named above]</i> ?	 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> visits		DEP SVISIT	
P2	How many minutes did these visits last on average?	 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> minutes		DEPSMIN S	
P3	What was the nature of the treatment provided by the <i>[all specialists named above]</i> ?	Medication	1	DEPSTX  DEPSTXO	
		Counselling <i>[go to P31]</i>	2		
		Other (specify) <i>[go to P31]</i> 	77		
P4	What is the name and daily dosage of the medication(s) provided by <i>[all specialists named above]</i> ? How long were you taking this medication? <i>[Ask to see prescriptions if literacy/recall is poor]</i>	<b>Name</b>	<b>Dose</b>	<b>Duration</b>	DEPSRX1 DEPSRX2 DEPSRX3
		1.			
		2.			
		3.			
		4. Don't know		888	
P5	Did you complete the full recommended course of treatment?	No	0	DEPSDON E	
		Yes	1		
		Don't know	888		
P6	Are you still seeing <i>[any specialists named above]</i> ?	No	0	DEPSSTO P	
		Yes	1		
P7	How much has the treatment helped you?	A lot	1	DEPSHEL P	
		Some	2		
		A little	3		
		Not at all	4		
		Don't know	888		
P8	How satisfied are you with the treatments and services you received from <i>[all specialists named above]</i> in the past 12 months?	Very satisfied	1	DEPSSAT	
		Satisfied	2		
		Neither satisfied or dissatisfied	3		
		Dissatisfied	4		
		Very dissatisfied	5		
		Don't know	888		
<i>[If interviewee saw any generalist in P26 → go to P35]</i>					

[If interviewee did not see any generalist in P26 → go to suicidal ideation section]

## Generalist depression care

P9	How many visits did you make in the past 12 months to the <i>[all generalists named above]</i> ?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> visits		DEPGVISIT
P10	How many minutes did these visits last on average?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> minutes		DEPGMINS
P11	What was the nature of the treatment provided by the <i>[all generalists named above]</i> ?	Medication	1	DEPGTX
		Counselling <i>[go to P39]</i>	2	
		Other (specify) <i>[go to P39]</i> 	77	DEPGTXO
P12	What is the name and daily dosage of the medication(s) provided by <i>[all generalists named above]</i> ? How long were you taking this medication?	1.	<input type="text"/> weeks	DEPGRX_NAME
		2.	<input type="text"/> weeks	DEPGRX_DOSE
		3.	<input type="text"/> weeks	DEPGRX_WKS
		4. Don't know	888	
P13	Did you complete the full recommended course of treatment?	No	0	DEPGDONE
		Yes	1	
		Don't know	888	
P14	Are you still seeing <i>[a generalist named above]</i> ?	No	0	DEPGSTOP
		Yes	1	
P15	How much has the treatment helped you?	A lot	1	DEPGHELP
		Some	2	
		A little	3	
		Not at all	4	
		Don't know	888	
P16	How satisfied are you with the treatments and services you received from <i>[all generalists named above]</i> in the past 12 months?	Very satisfied	1	DEPGSAT
		Satisfied	2	
		Neither satisfied or dissatisfied	3	
		Dissatisfied	4	
		Very dissatisfied	5	

		Don't know	888	
--	--	------------	-----	--

## Suicidal ideation and action

See (Robins et al., 1988) paper and pencil interview version 7 suicidality module, items SD16, SD18, SD23, SD25

				<b>SUITHINK</b>
				<b>SUIPLAN</b>
				<b>SUIATT</b>
				<b>SUIMED</b>
	In the past 12 months, have you spoken to anyone about thinking about or attempting to take your own life?	No <i>[go to next section]</i>	0	<b>SUIDISC</b>
		Yes	1	
	To whom have you spoken? (Circle all that apply) Anyone else?	Friend / neighbour	1	<b>SUIDISC_</b> <b>_FRIEND</b> <b>_SPOUSE</b> <b>_OFAM</b> <b>_EMPL</b> <b>_REL</b> <b>_HCWORK</b> <b>_OTHER</b>
		Spouse/partner	2	
		Other family member	3	
		Employer/co-worker	4	
		Traditional healer	5	
		Health care worker (e.g. nurse/doctor, specialist)	6	
		Religious or spiritual advisor	7	
		Other (specify) <i>[pen icon]</i>	77	<b>SUIDISCO</b>
	Did you receive any treatment for thinking about or attempting to take your own life?	No <i>[→go to next section]</i>	0	<b>SUITX</b>
		Yes	1	
		Don't know <i>[→go to next section]</i>	888	
	What treatment did you receive?	<i>[pen icon]</i> <i>[→go to next section]</i>		<b>SUITXO</b>

## Selection for full individual interview

AUDIT total	<Cut-off score	Go to next question
	>=Cut-off score	→Go to C1
PHQ9 total	<=Cut-off score	Go to next question

	> Cut-off score	→Go to C1
B44 (Recent depression)	=0	Go to next question
	=1	→Go to C1
Random selection table	0	→Go to Record end time
	1	→ Go to C1
[Record end time]	HH : MM	T1

### Interviewer comments



### Supervisor comments



## SECTION III: Individual full Interview

<b>Questionnaire ID</b>		
<b>Household member #, name</b>		

### Detailed socio-demographics (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] et al., 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 and Macro International, 2007; Uganda Bureau of Statistics (UBOS) and ICF International, 2012).

C1				<b>WATER</b>
C2				<b>TOILET</b>
C3				<b>SHARET</b>
C4				<b>ELEC</b>
C5				<b>RADIO</b>
C6				<b>TV</b>
C7				<b>MOBILE</b>
C8				<b>FRIGE</b>
C9				<b>FUEL</b>
C10				<b>KITCHEN</b>
C11				<b>FLOOR</b>



## Individual characteristics


C12	What is your marital status?	Single	1	MARIT
		Married	2	
		Divorced	3	
		Widowed	4	
		Married but not living together	5	
		Cohabiting	6	
C13	<i>[For female interviewees]</i> Are you pregnant?	No	0	PREG
		Yes	1	
		Not applicable	66	
		Don't know	888	
C14	Do you have children?	No	0	KIDS
		Yes	1	
C15	How old is your youngest child?	<input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> years		YOUNG
C16	What is your religion?		1	RELIG
			2	
			3	
		Other [Specify] <input type="text"/>	77	RELIGO
C17	What is your occupation?	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] <input type="text"/>	77	
C18	Has anyone in your household, including yourself, gone hungry in the last month due to lack of resources/food?	No	0	HHFOOD
		Yes	1	



## Mental health knowledge, attitudes and behaviour

I would now like to ask you some questions about mental illness. Many people understand this term to refer to persons who are behaving strangely, for example talking to themselves or becoming violent. However, mental illnesses include a very wide range of problems, including health problems related to stress and tension in one's daily life (for example which can make a person feel tired, have sleep problems, get headaches, feel worried or unhappy or suicidal). Mental illnesses also include drinking too much alcohol or taking drugs. The questions I am now going to ask you refers to any type of mental illness.

D1	Have you seen or heard any information about mental health or mental illness issues in the last year, in any of these ways? (Choose all that apply)	Newspaper	1	HOWINFO_ _NPAPER _TVNEWS  _RADIO  _MAG _POSTER  _HCENTRE  _PEOPLE  _OTHER  HOWINFOO
		TV	2	
		Radio	3	
		Magazine	4	
		Poster/leaflet	5	
		Health centre	6	
		People talking about it	7	
		Other (specify) 	77	
D2	Where do people in this community first go to seek care for mental illness?	Nowhere/care is not available	0	MHTX      MHTXO
		Traditional healer	1	
		Neighbour/community member	2	
		Local clinic	3	
		Hospital	4	
		Religious or spiritual advisor	5	
		Other (specify) 	77	
D3	If you suffered from a mental health problem would you tell your family or friends? (Choose all that apply)	No one	0	TELL
		Friends	1	
		Family	2	
	Tell me to what extent you agree or disagree with the following statements.  See (Boyd Ritsher et al., 2003) items 2, 6, 10  See (Evans-Lacko et al., 2010) items 3, 5  See (Evans-Lacko et al., 2011) items 5, 6, 7, 8  See (Taylor and Dear, 1981) items 3, 10, 12			STIG_

D4				_ISMI02
D5				_ISMI06
D6				_ISMI10
D7				_MAKS05
D8				_MAKS03
D9				_RIBS05
D10				_RIBS06
D11				_RIBS07
D12				_RIBS08
D13				_CAMI10
D14				_CAMI03
D15				_CAMI12
D16	Do any of the following people you know have a mental illness? Read all options. Choose all that apply.	Family member in this household	1	KNOWMH_
		Family member outside this household	2	_INFAM _OUTFAM
		Friend/Acquaintance	3	_FRIEND
		Neighbour	4	_NEIGH
		Work colleague	5	_WORK
		Someone else? (specify) 	77	_OTHER
		No one known	0	_NONE KNOWMHO

### Disability and health care use (WHO Disability Assessment Schedule II)

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

E1				OVERALL
E2				STAND
E3				HOUSE
E4				LEARN
E5				JOIN
E6				EMOTE
E7				CONC
E8				WALK

E9				WASH
E10				DRESS
E11				DEAL
E12				FRIEND
E13				DAY
E14				INTERF
E15				DIFFDAYS
E16				UNABLE
E17				CUTBACK

## Caregiver burden

See (Patel et al., 2003) Service Use Questionnaire Question 4, 4A-4C for Family/friend 1 and 2.

E18	In the last 3 months, have family members or friends had to stop or reduce usual work or activities due to your ill health?	No [→go to F1]	0	REDWRK
		Yes	1	

I want you to think about the two most important people you know who stopped or reduced the usual activities due to your ill health in the past 3 months.

E19				HELP1_WHO
E20				HELP1_DTIME
				HELP1_HTIME
E21				HELP1_WORK
				HELP1_WORKO
E22				HELP2_WHO
E23				HELP2_DTIME
				HELP2_HTIME
E24				HELP2_WORK
				HELP2_WORKO

## Healthcare use

I would now like to know about your recent experiences with obtaining health care. I want to know if you needed health care recently, and if so, why you needed health care and what type of health care provider you received care from.

### Inpatient Care

See SAGE Questionnaire B-Mexico questions Q5007, 5008, 5008B and 5012

F1	In the <u>last year</u> , have you ever stayed overnight in a hospital?	No [→ go to F6]	0	HOSP
		Yes	1	
F2				HOSPNO

For each separate hospital admission, you have had, please complete the following:

Admission No.			How long was the admission?	
#	IN#_WHY <input type="checkbox"/> IN_WHYO	IN#_WHERE	IN#_LENGTH	IN#_COST
F3			Days	
F4			Days	
F5			Days	




### Outpatient Care

Excluding inpatient care, how many times did you see any of these or other health care providers in the last 3 months?

F6	Traditional/spiritual healer	No	0		OUT_TRAD
		Yes	1 →	<input type="checkbox"/> visits	TRADNO
F7	Community health worker / General Nurse or midwife / Pharmacist	No	0		OUT_HCW
		Yes	1 →	<input type="checkbox"/> visits	HCWNO
F8	Mental health professional, eg Psychiatrist, psychiatric nurse, counselor, social worker)	No	0		OUT_MH
		Yes	1 →	<input type="checkbox"/> visits	MHNO
F9	General medical doctor or Specialist (non-psych) medical doctor	No	0		OUT_DOC
		Yes	1 →	<input type="checkbox"/> visits	DOCNO
F10	Other (specify) 	No	0		OUT_OTH
		Yes	1 →	<input type="checkbox"/> visits	OUTO

## Health care visit details

See (Kowal et al., 2012) SAGE Individual Questionnaire B-Mexico Q5028, 5029, 5029c, 5031, 5033F

Visit No.				<b>What were the main features of the visit?</b> (list up to three elements) 1 = assessment and/or diagnosis 2 = drug prescription (for condition listed on left) 3 = drug prescription (for other condition) 4 = psychosocial support / care 5 = follow-up visit 6 = referral (to other provider) 77 = other 888 = don't know				<b>How long did you wait for your consultation?</b>  (minutes)	<b>How long was the consultation (excluding waiting time)?</b>  (minutes)		
				1	2	3				Fees	Travel
VISNO#	HC#_WHO  HC#WHOO	HC#_WHERE 	HC#WHY  HC#WHYO	HC#_F1	HC#_F2	HC#_F3	HC#_TRAVEL	HC#_WAIT	HC#_LONG	HC#_COST 1	HC#_COST 2
F11							<input type="checkbox"/> Mins	<input type="checkbox"/> Mins	<input type="checkbox"/> Mins		
F12							<input type="checkbox"/> Mins	<input type="checkbox"/> Mins	<input type="checkbox"/> Mins		

### Medication use

See (Personal Social Services Research Unit, n.d.) EPSILON-CSRI (Schizophrenia study) item 5.1, adapted from (Beecham and Knapp, 2001).

	Generic/brand name of drug e.g. Fluoxetine/Prozac	For how many days? (max = 90 days)	Dose per day (mg)
	RX#NAME	RX#DAYS	RX#DOSE
F13			
F14			
F15			
F16			

### Health service use

Do you feel that your use of health services is affected by any of the following factors:

See (Patel et al., 2003) Service Use Questionnaire – Question 2A-2G. 2F split into 2 questions.

G1				SAGE_ _NEED
G2				_UNDER
G3				_QUAL
G4				_COST
G5				_STIG
G6				_SFX
G7				_SUPPLY
G8				_NOAVAIL
G9				_REAS
				SAGEO

*[Thank you script]*

*[Referral script for depression]*

*[Referral script for AUD]*

*[Referral script for suicidality]*

	<i>[Record end time]</i>	HH : MM	T1
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**Interviewer comments**



**Supervisor comments**



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