

DEMOGRAPHIC AND HEALTH SURVEYS
 MENTAL HEALTH MODULE
 MODEL INDIVIDUAL QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)											
PLACE NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
NAME AND LINE NUMBER OF RESPONDENT _____											
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
TIME	_____	_____	_____	RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				TOTAL NUMBER OF VISITS <table border="1" style="width: 50px; height: 20px;"> <tr><td></td></tr> </table>							
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 50px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>						0	1				
0	1										
LANGUAGE OF INTERVIEW** <table border="1" style="width: 50px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 50px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 50px; height: 20px;"> <tr><td></td></tr> </table>											
LANGUAGE OF QUESTIONNAIRE** ENGLISH											
**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6											
TEAM <table border="1" style="width: 50px; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER				TEAM SUPERVISOR _____ NAME		CAPI SUPERVISOR (2) <table border="1" style="width: 50px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NUMBER					

(1) This section should be adapted for country-specific survey design.

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis.

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
MTH0	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.						
GAD	GAD (ANXIETY) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW						
	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	AL-WAYS	RF	DK
	1) Feeling nervous, anxious or on edge? Would you say never, rarely, often, or always?	0	1	2	3	7	8
	2) Not being able to stop or control worrying? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8
	3) Worrying too much about different things? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8
	4) Trouble relaxing? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8
	5) Being so restless that it is hard to sit still? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8
	6) Becoming easily annoyed or irritable? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8
	7) Feeling afraid as if something awful might happen? IF NECESSARY ASK: Would you say never, rarely, often, or always?	0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
	PHQ (DEPRESSION) CODES: CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW						
PHQ	Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?	1) 0	1	2	3	7	8
	2) Feeling down, depressed or hopeless? IF NECESSARY ASK: Would you say never, rarely, often, or always?	2) 0	1	2	3	7	8
	3) Trouble falling asleep, staying asleep, or sleeping too much? IF NECESSARY ASK: Would you say never, rarely, often, or always?	3) 0	1	2	3	7	8
	4) Feeling tired or having little energy? IF NECESSARY ASK: Would you say never, rarely, often, or always?	4) 0	1	2	3	7	8
	5) Poor appetite or overeating? IF NECESSARY ASK: Would you say never, rarely, often, or always?	5) 0	1	2	3	7	8
	6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down? IF NECESSARY ASK: Would you say never, rarely, often, or always?	6) 0	1	2	3	7	8
	7) Trouble concentrating on things, such as reading the newspaper or watching television? IF NECESSARY ASK: Would you say never, rarely, often, or always?	7) 0	1	2	3	7	8
	8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual? IF NECESSARY ASK: Would you say never, rarely, often, or always?	8) 0	1	2	3	7	8
(1)	9) Thoughts that you would be better off dead or of hurting yourself in some way? IF NECESSARY ASK: Would you say never, rarely, often, or always?	9) 0	1	2	3	7	8

MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/>	NO SYMPTOMS <input type="checkbox"/>	→ MTH4
MTH2	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ MTH4
MTH3 (2)	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL A SOCIAL SERVICE ORGANIZATION B SOCIAL WORKER C COMMUNITY HEALTH WORKER/ FIELDWORKER D RELIGIOUS LEADER E CURRENT/FORMER SPOUSE/PARTNER F OTHER FAMILY MEMBER G FRIEND H NEIGHBOR I OTHER X (SPECIFY)	
MTH4	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	YES NO a) DEPRESSION 1 2 b) ANXIETY 1 2	
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES 1 NO 2	
MTH6 (3)	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE <input type="text"/> <input type="text"/>	
MTH7 (3)	CHECK MTH6 AND PHQ9: ASSESS NEED FOR REFERRAL RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES. SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ NEXT SECT.
MTH8 (4)	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by [NAME OF AGENCY]. PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides [NAME OF AGENCY]'s contact information.		

(1) In some settings, there may be an ethical requirement to provide a referral to mental health or counselling services when a respondent reports thoughts about self harm. In these settings, the survey team should investigate whether or not these services are available to refer respondents to. If a referral is recommended, but the services are not available, the country may need to consider removing PHQ9 from the Mental Health Module.

(2) Coding categories to be adapted locally

(3) If question PHQ9 is excluded, the scoring procedure and cutoffs remain the same. The only change will be that the maximum score possible on the PHQ scale will be 24 instead of 27. If PHQ9 is excluded, adjust referral instructions in MTH7 to remove reference to PHQ9.

(4) Adapt referral instructions to country context.