

Appendix I

**Performa of Screening for Depression and collecting information on
Socio- demographic Profile and lifestyle factors**

- p) History of any Mental Illness within: 1) Respondent ____ 2) Natal family ____ 3) Marital family ____ 4) N. A.
- q) History of Alcoholism within: 1) Natal family ____ 2) Marital family ____ 3) N. A.
- r) Eligibility for later sections (Continue if 'R' is eligible, if not terminate): 1) Eligible 2) Not eligible

BECK'S DEPRESSION INVENTORY SCALE

Screening Test

Instructions

Please read each group of statements carefully, then pick out the one statement in each group that best describes the way you have been feeling during the past 2 weeks, including today. Fill in the circle beside the statement you have picked. If several statements in the group seem to apply equally well, simply fill in the circle that has the largest number. Be sure that you do not choose more than one statement for item 16 (Changes in Sleeping Pattern) or item 18 (Changes in Appetite).

1. I do not feel sad or blue
 I feel sad much of the time
 I am sad all the time
 I am so sad or unhappy that I can't stand it.

2. I am not discouraged about my future
 I feel more discouraged about my future than I used to be
 I do not expect things to work out for me
 I feel my future is hopeless and will only get worse

3. I do not feel like a failure
 I have failed more than I should have
 As I look back, I see a lot of failure
 I feel I am a total failure as a person

4. I get as much pleasure as I ever did from the things I enjoy
 I don't enjoy things as much as I used to
 I get very little pleasure from the things I used to enjoy
 I can't get any pleasure from the things I used to enjoy

5. () I don't feel particularly guilty
() I feel guilty over many things I have done or should have done
() I feel quite guilty most of the time
() I feel guilty all of the time
6. () I don't feel I am being punished
() I feel I may be punished
() I expect to be punished
() I feel I am being punished
7. () I feel the same about myself as ever
() I have lost confidence in myself
() I am disappointed in myself
() I dislike myself
8. () I don't criticize or blame myself more than usual
() I am more critical of myself than I used to be
() I criticize myself for all of my faults
() I blame myself for everything bad that happens.
9. () I don't have thoughts of killing myself
() I have thoughts of killing myself, but I would not carry them out
() I would like to kill myself
() I would kill myself if I had the chance
10. () I don't cry any more than I used to
() I cry more than I used to
() I cry over every little thing
() I feel like crying but I can't.

11. () I am no more restless or wound up than usual
() I am so restless or agitated that it's hard to stay still
() I am so restless and agitated that it's hard to stay still
() I am so restless or agitated that I have to keep moving or doing something.
12. () I have not lost interest in other people or activities
() I am less interested in other people or things than before
() I am less interested in other people or things than before
() It's hard to get interested in anything.
13. () I make decisions about as well as ever
() I find it difficult to make decisions than usual
() I have much greater difficulty in making decisions than I used to
() I have trouble making any decisions
14. () I do not feel I am worthless
() I don't consider myself as worthwhile and useful as I used to
() I feel more worthless as compared to other people
() I feel utterly worthless.
15. () I have as much energy as ever
() I have less energy than I used to have
() I don't have enough energy to do very much
() I don't have enough energy to do anything
16. () I have not experienced any change in my sleeping pattern
() I sleep somewhat more than usual
() I sleep somewhat less than usual
() I sleep a lot more than usual
() I sleep lot less than usual
() I sleep most of the day
() I wake up 1-2 hours early and can't get back to sleep

17. () I am no more irritable than usual
() I am more irritable than usual
() I am much more irritable than usual
() I am irritable all the time
18. () I have not experienced any change in my appetite
() My appetite is somewhat less than usual
() My appetite is somewhat greater than usual
() My appetite is much greater than usual
() I have no appetite at all
() I crave food all the time
19. () I can concentrate as well as ever
() I can't concentrate as well as usual
() It's hard to keep my mind on anything for very long
() I find I can't concentrate on anything
20. () I am no more tired or fatigued than usual
() I get more tired or fatigued more easily than usual
() I am too tired or fatigued to do a lot of things I used to do
() I am too tired or fatigued to do most of the things I used to do
21. () I have not noticed any recent change in my interest in sex
() I am less interested in sex than I used to be
() I am much less interested in sex now.
() I have lost interest in sex completely

<u>Score</u>	<u>Categories</u>
1 – 8	<i>Normal</i>
9 – 19	<i>Mild depression</i>
20 – 28	<i>Moderate depression</i>
> 28	<i>Severe depression</i>

Source: - Amin G, Shah S, Vankar G K (1998)

1. LIFE STYLE FACTORS

a. Are you involved in any of the following activities? (Activity Pattern)

Sr. No.	Activities	1. Yes 2. No	If yes, specify Frequency 1. 2. 3.	Time spent in mins	1. Likes 2. Dislikes 3. Indifferent
A. Physical activities					
1.	Dusting				
2.	Sweeping/mopping				
3.	Washing clothes				
4.	Cooking				
5.	Other household chores (indoor/outdoor)				
6.	Child care				
7.	Shopping				
8.	Gardening				
9.	Exercise				
10.	Yoga				
11.	Going for walks				
12.	Sports (specify)				
13.	Any other				
B. Recreational/Social activities					
1.	Listening to music				
2.	Watching TV				
3.	Reading (specify)				
4.	Visiting theatre/exhibition				
5.	Arts & Crafts				
6.	Chatting with friends/neighbours				
7.	Visiting friends and relatives				
8.	Attending any Association				
9.	Going to clubs				
10.	Kitty party / MahilaMandal				
11.	Any other				
C. Religious activities					
1.	Visiting religious place				
2.	Doing prayer at home				
3.	Reciting mantras				
4.	Meditation				
5.	Any other				

b. Time Spent in: 1. Sleep 2. Rest 3. Not doing anything in particular

c. Are you independent in your daily/personal activities? 1. Yes 2. No (go to 8)
(Suggested probes, Walking, Climbing, Bathing, Dressing, etc.)

d. If no, in which activities do you need help? Specify _____

e. If you need help in your personal activities, do people help you? 1. Willingly 2. Grudgingly

f. Are your personal needs satisfied?

Sr. No.	Needs	1. Always Never	2. Sometimes	3.	Comments
1.	Emotional				
2.	Physical				
3.	Social				
4.	Spiritual				
5.	Financial				
6.	Other				

2. ADDICTION PATTERN

Do you consume	Yes 1. (past) 2. (Present) 3. No	If yes		
		Since how long?	Frequency per day	Qty
1. Alcohol				
2. Cigarette/bidi				
3. Tobacco (powder)				
4. Tobacco (paste)				
5. Snuff				
6. Coffee				
7. Tea				
8. Any other				