

**ALHIV Adherence and Mental Health**

**Operations research to estimate the effectiveness of a peer-led mental health intervention on virological suppression and mental health among adolescents living with HIV in Zimbabwe**

**Survey Tool for Study Participants (Disclosed/Non-Disclosed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Interviewer** |  | **Date Form completed**  |  |
| **Province**  |  | **District**  |  |
| **Participant ID** |  |

**Instructions for Interviewer**

Please begin the interview by reading out the following statement:

*Thank you for agreeing to complete this survey. I am going to ask you some questions about you, your life experiences, and your thoughts and feelings. Your answers to these questions will help us to better understand the support you need. This will help us to develop services which can assist you, as well as for other young people living with HIV.*

*Your answers to these questions will be kept confidential. Your name is not included on this form. Please feel free to answer honestly. If you need clarification on any of the questions below, please do ask me. Please feel free to use whichever language you are most comfortable with. If you are uncomfortable at any time or wish to take a break or are unable to answer, please feel free to let me know.*

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Response (please mark the appropriate response with an X)** | **Do not enter anything here** |
| ***I will start by asking questions about yourself*** |
| 1 | **How old are you?** |
|  | Enter number |  | 1 |
| Don’t know/declined |  | 2 |
| 2 | **Are you male or female?** |
| Male |  | 1 |
| Female |  | 2 |
| 3 | **Are you currently attending school?** |
| Yes |  | 1 |
| No *(skip 4)* |  | 2 |
| 4 | **What is your current level of school?** |
| Less than primary **7** |  | 1 |
| Primary school |  | 2 |
| Form 1  |  | 3 |
| Form 2 |  | 4 |
| Form 3 |  | 5 |
| Form 4 |  | 6 |
| Form 5 |  | 7 |
| Form 6 |  | 8 |
| Diploma/certificate/degree |  | 9 |
| Don't know/declined |  | 10 |
| 5 | **What is the highest level of schooling you have completed?** |
| I have never attended school |  | 1 |
| Less than primary |  | 2 |
| I have completed primary school only |  | 3 |
| I have completed Form 1  |  | 4 |
| I have completed Form 2 |  | 5 |
| I have completed Form 3  |  | 6 |
| I have completed Form 4 |  | 7 |
| I have completed Form 5  |  | 8 |
| I have completed Form 6 |  | 9 |
| I have completed a diploma/certificate/degree |  | 10 |
| Don't know/declined |  | 11 |
| 6 | **How long have you lived in your current household?**  |
| I have always lived there continuously *(skip to 9)*  |  | 1 |
| I have lived there on and off  |  | 2 |
| I have lived here for less than one year  |  | 3 |
| Don't know/declined  |  | 4 |
| 7 | **How often in your life have you changed households? (please do not consider holidays or temporary visits)** |
| I have changed households once |  | 1 |
| I have changed households twice  |  | 2 |
|  I have changed households three times  |  | 3 |
| I have changed households more than three times  |  | 4 |
| Don’t know/declined |  | 5 |
| 8 | **What was the main reason for moving the LAST TIME you moved?**  |
| My caregiver was ill  |  | 1 |
| My caregiver died  |  | 2 |
| Lack of money  |  | 3 |
| I was not wanted in that household |  | 4 |
| I was not happy in that household |  | 5 |
| I was removed by social services  |  | 6 |
| I moved to attend school  |  | 7 |
| I moved to be near a health facility |  | 8 |
|  I needed better care |  | 9 |
| Other (specify) |  | 10 |
| Don't know/declined  |  | 11 |
| 9 | **Who is the head of your household?**  |
| My father |  | 1 |
| My mother |  | 2 |
| My brother |  | 3 |
| My sister |  | 4 |
| My grandfather (mother’s father/father’s father) |  | 5 |
| My grandmother (mother’s mother/father’s mother)  |  | 6 |
| My uncle |  | 7 |
| My aunt (father’s sister |  | 8 |
| My aunt (mother's sister) |  | 9 |
| My employer |  | 10 |
| Children’s home staff member/my caregiver |  | 11 |
| Someone else (specify)  |  | 12 |
| Don't know/declined  |  | 13 |
| 10 | **How many children aged 18 years and below live in your household?** |
| None |  | 1 |
| 1 child |  | 2 |
| 2 children |  | 3 |
| 3 children |  | 4 |
| 4 children |  | 5 |
| 5 children |  | 6 |
| 6 children |  | 7 |
| 7 children |  | 8 |
| 8 children |  | 9 |
| 9 children |  | 10 |
| 10 or more children |  | 11 |
| Don't know/declined |  | 12 |
| 11 | **Is your biological mother still alive?** |
| Yes *(skip to 13)* |  | 1 |
| No |  | 2 |
| Don't know/declined |  | 3 |
| 12 | **How old were you when she died?** |
| Enter Number  |  | 1 |
| Don't know/declined |  | 2 |
| 13 | **How close do you/did you feel to your biological mother? Would you say very close, close, not close, or never had a relationship with her?** |
| Very close |  | 1 |
| Close |  | 2 |
| Not close |  | 3 |
| No relationship |  | 4 |
| Don't know/declined |  | 5 |
| 14 | **Is your biological father still alive?** |
| Yes *(skip to 16)* |  | 1 |
| No |  | 2 |
| Don't know/declined |  | 3 |
| 15 | **How old were you when he died?** |
| Enter number |  | 1 |
| Don't know/declined |  | 2 |
| 16 | **How close do you/did you feel to your biological father? Would you say very close, close, not close, or never had a relationship with him?** |
| Very close |  | 1 |
| Close |  | 2 |
| Not close |  | 3 |
| No relationship |  | 4 |
| Don't know/declined |  | 5 |
| 17 | **Is your primary caregiver male or female?** |
| Male |  | 1 |
| Female |  | 2 |
| Don't know/declined |  | 3 |
| 18 | **Who is this female person that you regard as your primary caregiver?** |
| Mother (if mother alive)  |  | 1 |
| Stepmother (my father’s wife who is not my biological mother)  |  | 2 |
| Sister  |  | 3 |
| Aunt (father’s sister)  |  | 4 |
| Aunt (mother’s sister)  |  | 5 |
| Grandmother (paternal) |  | 6 |
| Grandmother (maternal) |  | 7 |
| Aunt (mother’s brother’s wife) |  | 8 |
| Other female relative |  | 9 |
| Female non-relative |  | 10 |
| Don't know/declined  |  | 11 |
| 19 | **Who is this male person that you regard as your primary caregiver?** |
| Father (if father alive)  |  | 1 |
| Stepfather (my mother’s husband who is not my biological father)  |  | 2 |
| Brother  |  | 3 |
| Uncle (paternal)  |  | 4 |
| Uncle (maternal)  |  | 5 |
| Grandfather (paternal)  |  | 6 |
| Grandfather (maternal)  |  | 7 |
| Other male relative |  | 8 |
| Male non-relative  |  | 9 |
| Don't know/declined |  | 10 |
| 20 | **Think about this person whom you regard as your primary caregiver.**  |
| After each statement, please press the box that most accurately reflects your relationship with this person  |
| **My caregiver spoke/speaks to me with a warm and friendly voice** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| **My caregiver seemed/seems emotionally cold to me** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| **My caregiver appeared/appears to understand my problems and worries** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| **My caregiver enjoyed/enjoys talking things over with me** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| **My caregiver made/makes me feel better when I am upset** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| **My caregiver didn’t/doesn’t talk to me when I was/am upset** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Disagree |  | 3 |
| Strongly disagree |  | 4 |
| 21 | **Do you live with a Grandmother in your household?** |
| Yes |  | 1 |
| No |  | 2 |
| **22. Think about yourself and your household now.**  |
| a | **If somebody in your household is sick, are you able to pay the required fees at the hospital that is in your area?** |
| Yes |  | 1 |
| No |  | 2 |
| Don’t know/declined |  | 3 |
| b | **Have you ever been absent from school because there was no money for school fees?** |
| Yes |  | 1 |
| No |  | 2 |
| Don’t know/declined |  | 3 |
| c | **In the past four weeks, was there ever no food to eat of any kind in your house because of lack of resources to get food?** |
| 1. Yes
 |  | 1 |
| 1. No (skip to 22e)
 |  | 2 |
| Don’t know/declined |  | 3 |
| d | **If Yes, how often did this happen in the past four weeks?** |
| Rarely (1-2 times)  |  | 1 |
| Sometimes (3-10 times)  |  | 2 |
| Often (more than 10times)  |  | 3 |
| Don’t know/declined |  | 4 |
| e | **In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?** |
| Yes |  | 1 |
| No (skip to 23) |  | 2 |
| Don't know/declined |  | 3 |
| f | **If Yes, how often did this happen in the past four weeks?** |
| Rarely (1-2 times)  |  | 1 |
| Sometimes (3-10 times)  |  | 2 |
| Often (more than 10times)  |  | 3 |
| Don't know/declined |  | 4 |
| 23 | **What is your relationship status?** |
| Single |  | 1 |
| Boyfriend/Girlfriend |  | 2 |
| Married |  | 3 |
| Separated |  | 4 |
| Divorce |  | 5 |
| Widowed |  | 6 |
| 24  | **If Female, are you pregnant? *(to be asked only those aged 12≥)***  |
| Yes |  | 1 |
| No |  | 2 |
| 25 | **If Female, have you ever been pregnant? – *(to be asked only those aged 12≥)***  |
| Yes |  | 1 |
| No |  | 2 |
| ***Now l would like to ask you questions around HIV*** |
| 26 | **What is your HIV status?**  |
| HIV positive |  | 1 |
| HIV negative *(skip to 33)* |  | 2 |
| Don’t know/Declined  |  | 3 |
| 27 | **If HIV positive, have you disclosed your status to anyone? This should not include people who knew before you.** |
| Yes |  | 1 |
| No *(skip to 30)* |  | 2 |
| Don’t know/Declined |  | 3 |
| 28 | **If Yes, whom have you disclosed your HIV status to? (multiple responses)** |
| Father |  | 1 |
| Mother |  | 2 |
| Other relative |  | 3 |
| Girlfriend/Boyfriend |  | 4 |
| Wife/Husband |  | 5 |
| Casual Partner |  | 6 |
| Friend |  | 7 |
| Teacher |  | 8 |
| Health worker |  | 9 |
| Church member |  | 10 |
| Other (specify) |  | 11 |
| 29 | **If Yes, why did you disclose your HIV status?** |
| For adherence and psychosocial support |  | 1 |
| For them to know what was going on in my life |  | 2 |
| Because it will reduce my chances of passing on HIV  |  | 3 |
| I felt better than keeping it a secret |  | 4 |
| Other (specify) |  | 5 |
| Don’t know/declined |  | 6 |
| 30 | **If No, why have you not disclosed your HIV status to anyone?** |
| Fear of stigma and discrimination |  | 1 |
| Fear of losing my friends/ relatives |  | 2 |
| Fear of rejection from my girlfriend/boyfriend/partner |  | 3 |
| I am not ready to disclose  |  | 4 |
| Other (specify) |  | 5 |
| Don’t know/declined |  | 6 |
| 31 | **Are you able to be open about your HIV status in the house where you live?** |
| Yes |  | 1 |
| No *(skip to 33)* |  | 2 |
| Don’t know/declined |  | 3 |
| 32 | **If yes, with whom?** |
| With everyone who lives there |  | 1 |
| With most people who live there |  | 2 |
| With some people who live there |  | 3 |
| With one or two people who live there |  | 4 |
| With no-one but just my primary caregiver |  | 5 |
| 33 | **Are you taking any medication?** |
| Yes |  | 1 |
| No *(skip to 43)* |  | 2 |
| Don’t know/declined |  | 3 |
| 34 | **If Yes, what is the medication for?** |
| HIV |  | 1 |
| Headache |  | 2 |
| Heart problem  |  | 3 |
| Stomach ache |  | 4 |
| Other (specify) |  | 5 |
| Don’t know/declined |  | 6 |
| 35 | **What is the name of the medication?** |
| Tenolum E |  | 1 |
| Abacavir |  | 2 |
| Paracetamol |  | 3 |
| Other (specify) |  | 4 |
|  | Don’t know/declined |  | 5 |
| 36 | **Do you take your medication every day?** |
| Yes *(skip to 38)* |  | 1 |
| No |  | 2 |
| Don’t know/declined |  | 3 |
| 37 | **On average, how often do you miss taking your medication** |
| Once a day |  | 1 |
| Once a week |  | 2 |
| Twice a week |  | 3 |
| Once every two weeks  |  | 4 |
| Once a month |  | 5 |
| Other (specify)  |  | 6 |
| Don't know/declined  |  | 7 |
| 38 | **Did you switch ART medication during the year?** |
| Yes |  | 1 |
| No*(skip to 42)* |  | 2 |
| Don’t know/declined |  | 3 |
| 39 | **If Yes, when did you switch?** |
| Give Date |  | 1 |
| Don’t know/declined |  | 2 |
| 40 | **Which regimen did you switch to?** |
| Changed 1st line combinations  |  | 1 |
| 2nd line |  | 2 |
| 3rd line |  | 3 |
| Don’t know/declined |  | 4 |
| 41 | **Why did you switch your ART medication?** |
| I was having side effects |  | **1** |
| My viral load was high |  | **2** |
| Resistance |  | **3** |
| Stockout of drug |  | **4** |
| Other (specify) |  | **5** |
| Don’t know/declined |  | **6** |
| **Now, I am going to ask you several questions that can be answered with “yes” or “no” regarding reasons why you may miss your medication** |
| 42 | **Question** | **Yes** | **No** | **I never miss my drugs** |
| a | Do you ever miss your medication simply because you forget to take your drugs? |  |  |  |
| b | Do you ever miss your medication because another household member uses your drugs? |  |  |  |
| c | Do you ever miss your medication because you do not want others to know you are taking them? |  |  |  |
| d | Do you ever miss your medication because you would have travelled away from home? |  |  |  |
| e | Do you ever miss doses of your medication because you do not have transport money to collect them? |  |  |  |
| f | Do you ever miss doses of your medication because the clinic does not have any to give you? |  |  |  |
| g | Do you ever miss your medication because you are taking other medications which make you concerned about side effects? |  |  |  |
| h | Do you ever miss your medication because you will be having side effects? |  |  |  |
| i | Do you ever miss your medication because you are sick? |  |  |  |
| j | Do you ever miss your medication because you do not believe that the drugs work? |  |  |  |
| k | Do you ever miss your medication because you are depressed? |  |  |  |
| l | Do you ever miss your medication because you will not have eaten? |  |  |  |
| m | Do you ever miss doses of your medication because someone you trust tells you not to take them? |  |  |  |
| n | Do you ever miss your medication because you have nowhere private to keep them? |  |  |  |
| o | In general, when you miss your medication, do you make it up later (in other words, double your next dose)? |  |  |  |
| p | Do you ever throw away tablets that you forget to take so that you remain with fewer pills? |  |  |  |
| q | Do you share your medication with anyone? |  |  |  |
| r | Did you ever miss doses because you felt better and did not want to take your medication anymore? |  |  |  |
| **Have you ever tried any of the following (substances)?** |
| 43 |  | **Never tried** | **Tried once or twice** | **Use sometimes** | **Use regularly/often (many times)** |
| a | Mbanje |  |  |  |  |
| b | Glue |  |  |  |  |
| c | Alcohol (beer) |  |  |  |  |
| d | Wine (not church) |  |  |  |  |
| e | Tobacco |  |  |  |  |
| ***Now l am going to ask you about your interaction with the CATS during the past year.*** |
| 44 | **Did you receive any services from CATS during the past year?** |
| Yes |  | 1 |
| No *(skip to 46)* |  | 2 |
| Don’t know/declined |  | 3 |
| 45 | **If Yes, what kind of services did you receive?** |
| Home Visits |  | 1 |
| SMS reminders |  | 2 |
| Peer Support at facility |  | 3 |
| Counselling sessions |  | 4 |
| Circle Kubatana Tose-CKT |  | 5 |
| Other (specify) |  | 6 |
| Don’t know/declined |  | 7 |
| 46 | **If No, what were the reasons for you not receiving services from the CATS?** |
| School/household chores |  | 1 |
| Bad weather |  | 2 |
| Relocated |  | 3 |
| Distance |  | 4 |
| Time |  | 5 |
| I didn’t want to |  | 6 |
| Other (specify) |  | 7 |
| Don’t know/declined |  | 8 |
| 47 | **Were the CATS services helpful?** |
| Yes (skip to 49) |  | 1 |
| No |  | 2 |
| 48 | **If No, what were the reasons? (text response)** |
|  |
| **Stigma – (skip for non-disclosed)** |
| ***49. I am going to read a list of events that may have happened to you during the past THREE MONTHS. After l read each item, please tell me how much you agree or disagree that it happened to you because of your HIV status. In the past three months, how often did the following events happen because of your HIV status? – single response for each question*** |
| a | **I have lost respect or standing in the community** |
| **Strongly agree** |  | 1 |
| **Agree** |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| b |  **I think less of myself** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| c | **My interactions with close friends have not changed since l have known my HIV status** |
| Strongly agree |  | 1 |
| agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| d | **I have felt ashamed** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| e | **I have learned to live with HIV – l am on treatment and l think l will be fine** |
| Strongly agree |  | 1 |
| agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| f | **Someone else disclosed my HIV status without my permission** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| g | **A health worker disclosed my HIV status without my permission.** |
| Strongly agree |  | 1 |
| Agree |  | 2 |
| Strongly disagree |  | 3 |
| Disagree |  | 4 |
| Declined to respond |  | 5 |
| **Violence** |
| ***50. Please tell me if the following events have ever happened to you***  |
| a | **Have you ever been hit, slapped, kicked, pushed,shoved or otherwise physically hurt?** |
| Yes |  | 1 |
| No (skip to 50c)  |  | 2 |
| Don’t know/declined |  | 3 |
| b | **If Yes, in the past year, how many times has this happened to you?** |
| Once |  | 1 |
| Twice |  | 2 |
| Three times |  | 3 |
| Four  |  | 4 |
| Five or more times |  | 5 |
| Don’t know/declined |  | 6 |
| c | **Has anyone tried to make you have sex against your will, but the sex did not happen?** |
| Yes |  | 1 |
| No *(skip to 51)* |  | 2 |
| Don’t know/declined |  | 3 |
| d | **If Yes, in the past year, how many times has this happened to you?** |
| Once |  | 1 |
| Twice |  | 2 |
| Three times |  | 3 |
| Four times |  | 4 |
| Five or more times |  | 5 |
| Don’t know/declined |  | 6 |
| e | **If Yes, did you ever tell anyone about this experience?** |
| Yes |  | 1 |
| No |  | 2 |
| Don’t know/declined |  | 3 |
| f | **If Yes, whom did you tell? (multiple responses)** |
| **Police** |  | 1 |
| **Non-Governmental Organization (NGO)** |  | 2 |
| **Employer** |  | 3 |
| **Friend** |  | 4 |
| **Family member** |  | 5 |
| **Husband,wife, girlfriend,boyfriend** |  | 6 |
| **Traditional leader** |  | 7 |
| **Religious leader** |  | 8 |
| **Other (specify)** |  | 9 |
| **Don’t know/declined** |  | 10 |
| **Which statement most reflects how you feel about your future?** |
| 51 | Although the future is uncertain, l have long range goals for myself. |  | 1 |
| It doesn’t help to plan for the future because l can’t make it go the way l want. |  | 2 |
| Don’t know/declined |  | 3 |

|  |  |  |
| --- | --- | --- |
| **Q No.** | **Munotanga nekuti “Musvondo rapfuura”*****Start each sentence with “In the last week”*** | **Mhinduro Hongu/Kwete*****Answer Yes/No*** |
| 1 | **Musvondo rapfuura** pane pamaimboona muchinyanya kufungisisa kana kufunga zvakawanda***In the last week there were times in which I was thinking deeply or thinking about many things*** |  |
| 2 | **Musvondo rapfuura** pane pamaimbotadza kuisa pfungwa dzanyu pamwechete***In the last week I found myself sometimes failing to concentrate*** |  |
| 3 | **Musvondo rapfuura** pane pamaimboshatirwa kana kuita hasha zvenhando***In the last week I lost my temper or got annoyed over trivial matters*** |  |
| 4 | **Musvondo rapfuura** pane pamaimborota hope dzinotyisa kana dzisina kunaka.***In the last week I had nightmares or bad dreams*** |  |
| 5 | **Musvondo rapfuura** pane pamaimboona kana kunzwa zvinhu zvaisaonekwa kana kunzwikwa nevamwe***In the last week I sometimes saw or heard things which others could not see or hear*** |  |
| 6 | **Musvondo rapfuura** pane pamaimborwadziwa nemudumbu ***In the last week my stomach was aching*** |  |
| 7 | **Musvondo rapfuura** pane pamaimbovhundutswa nezvinhu zvisina mature***In the last week I was frightened by trivial things*** |  |
| 8 | **Musvondo rapfuura** pane pamaimbotadza kurara kana kushaya hope***In the last week I sometimes failed to sleep or lost sleep*** |  |
| 9 | **Musvondo rapfuura** pane pamaimbonzwa kuomerwa neupenyu zvekuti maimbochema kana kunzwa kuda kuchema***In the last week there were moments when I felt life was so tough that I cried or wanted to cry*** |  |
| 10 | **Musvondo rapfuura** pane pamaimbonzwa kuneta musina basa kana zvimwe zvamaita***In the last week I felt run down (tired)*** |  |
| 11 | **Musvondo rapfuura** pane pamaimboita pfungwa dzekuda kuzviuraya***In the last week there were times I felt like committing suicide*** |  |
| 12 | **Musvondo rapfuura** mainzwa kusafara nezvinhu zvamaiita zuva nezuva***In the last week I was generally unhappy with things that I would be doing each day*** |  |
| 13 | **Musvondo rapfuura** basa renyu rainge rava kusarira mumashure***In the last week my work was lagging behind*** |  |
| 14 | **Musvondo rapfuura** mainzwa zvichikuomera kuti muzive kuti moita zvipi***In the last week I felt I had problems in deciding what to do*** |  |

**SSQ 14**

**PHQ-9**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Over the last 2 weeks, how often have you been bothered by any of the following problems?***Mumasvondo maviri apfuura makashungurudzwa kangani nematambudziko anotevera*** | Not at all***Kwete*** | Several days***Mamwe mazuva*** | More than half the days***Zviri pakati nepakati*** | Nearly everyday***Zuva rega rega*** |
| 1 | Little interest or pleasure in doing things.***Kusanyatsova nechido chekuita zvinhu*** | 0 | 1 | 2 | 3 |
| 2 | Feeling down, depressed, or hopeless.**Kusanyatsonzwa chido nezvehupenyu, kufunganya zvakapfuurikidza kana kushaya tariro muhupenyu** | 0 | 1 | 2 | 3 |
| 3 | Trouble falling or staying asleep or sleeping too much.***Kutadza kuwana hope kana kurara zvakapfuurikidza*** | 0 | 1 | 2 | 3 |
| 4 | Feeling tired or having little energy.***Kunzwa kuneta uye kuve nesimba shoma rekuita zvinhu*** | 0 | 1 | 2 | 3 |
| 5 | Poor appetite or overeating.***Kusanyatsodya zvakakwana kana kudyisa*** | 0 | 1 | 2 | 3 |
| 6 | Feeling bad about yourself — or that you are a failure or have let yourself or your family down.***Kuzvizvidza pachezvako-kana kuti kunzwa sekuti urimukundikani muhupenyu kana kutadza kuzadzikisa zvaitarisirwa nevemhuri yako*** | 0 | 1 | 2 | 3 |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television.***Kutadza kuita zvinhu zvakaita sekuverenga pepanhau nekuona chivhitivhiti pfungwa dziri pamwechete*** | 0 | 1 | 2 | 3 |
| 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.***Kufamba kana kutaura zvine kunonokera mukati zvekuti zvinogona zvakaonekwa nevamwe vakakutenderedza? Kana kuti kutadza kugarisika zvekuti wange urikufamba-famba zvakapfuurikidza zvaunofanirwa kunge uchiita*** | 0 | 1 | 2 | 3 |
| 9 | Thoughts that you would be better off dead or of hurting yourself in some way.***Kuve nendangariro dzekuti zvirinani kuti dai wafa zvakodu kana kuda kuzvikuvadza neimwe nzira*** | 0 | 1 | 2 | 3 |
|  |  | A11 – PHQ9 total score/**zvibodzwa zvabatanidzwa** |  |

##

**EQ-5D-Y**

Under each heading, please tick the ONE box that best describes your health TODAY.

**Mobility** *(walking about)*

I have no problems walking about ❑
I have some problems walking about ❑
I have a lot of problems walking about ❑

**Looking after myself**

I have no problems washing or dressing myself ❑
I have some problems washing or dressing myself ❑
I have a lot of problems washing or dressing myself ❑

**Doing usual activities** *(for example, going to school, hobbies, sports, playing, doing things with family or friends)*

I have no problems doing my usual activities ❑

I have some problems doing my usual activities ❑
I have a lot of problems doing my usual activities ❑

**Having pain or discomfort**

I have no pain or discomfort ❑
I have some pain or discomfort ❑
I have a lot of pain or discomfort ❑

**Feeling worried, sad or unhappy**

I am not worried, sad or unhappy ❑

 I am a bit worried, sad or unhappy ❑

 I am very worried, sad or unhappy ❑

**How good is your health TODAY**

* •  We would like to know how good or bad your health is TODAY.
* •  This line is numbered from 0 to 100.
* •  100 means the best health you can imagine. 0 means the worst health you can imagine.
* •  Please mark an X on the line that shows how good or bad your health is TODAY.

The best health The worst health

you can imagine. you can imagine

100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0

**DISABILITY ASSESSMENT SCHEDULE 2.0**

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

***Mibvunzo iyi irimaererano nezvingave zvirikuku netsa nekuda kwehutano hwako. Hungave huri hurwere kana mamwe wo matambudziko ezvehutano anonetsa munguva shomanana kana munguva yakakura, kukuvara, hutano hwepfungwa nendangariro uye nematambudziko anokonzerwa nekutora zvinodhaka***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | In the past 30 days, how much difficulty did you have in:Mumazuva 30 apfuura, makashungurudzwa kangani nematambudziko anotevera |  |  |  |  |  |
|  | **Understanding and communicating*****Kunzwisisa nekukurukura nevamwe*** | None***Kwete*** | Mild***Zvishoma*** | Moderate***Zviripakati nepakati*** | Severe***Zvaka******nyanya*** | Extreme orcannot do***Zvakanyanyisa*** |
| D1.1 | Concentrating on doing something for ten minutes?***Kuisa pfungwa dzako panzvimbo imwe uchiita chinhu chimwe kwemaminitsi makumi?*** |  |  |  |  |  |
| D1.2 | Remembering to do important things?***Kurangarira kuita zvinhu zvakakosha?*** |  |  |  |  |  |
| D1.3 | Analysing and finding solutions to problems in day-to-day life?***Kuongorora uye kutsvaka nzira dzekugadzirisa matambudziko atinosangana nawo zuva nezuva?*** |  |  |  |  |  |
| D1.4 | Learning a new task, for example, learning how to get to a new place?***Kudzidza kuita chinhu chitsva, semuenzaniso, kudzidzira kuenda kunzvimbo yausati wamboenda?*** |  |  |  |  |  |
| D1.5 | Generally understanding what people say?***Kunzwisisa zvinenge zvichitaurwa nevamwe?*** |  |  |  |  |  |
| D1.6 | Starting and maintaining a conversation?***Kutanga kutaudza munhu nekuramba uchitaura naye?*** |  |  |  |  |  |
|  | **Getting around*****Kutenderera*** |  |  |  |  |  |
| D2.1 | Standing for long periods such as 30 minutes? ***Kumira kwenguva yakareba inopfuura maminitsi makumi matatu?*** |  |  |  |  |  |
| D2.2 | Standing up from sitting down?***Kumira iwe wanga wakagara?*** |  |  |  |  |  |
| D2.3 | Moving around inside your home?***Kutenderera pamba?*** |  |  |  |  |  |
| D2.4 | Getting out of your home?***Kubuda pamba?*** |  |  |  |  |  |
| D2.5 | Walking a long distance such as a kilometre (or equivalent)?***Kufamba mufambo kana rwendo rurefu rwakaita sekiromita kana kupfuura?*** |  |  |  |  |  |
|  | **Self-care*****Kuzvichengetedza*** |  |  |  |  |  |
| D3.1 | Washing your whole body?***Kugeza muviri?*** |  |  |  |  |  |
| D3.2 | Getting dressed?***Kushambidzika?*** |  |  |  |  |  |
| D3.3 | Eating?***Kudya?*** |  |  |  |  |  |
| D3.4 | Staying by yourself for a few days?***Kugara wega kwemazuva mashoma?*** |  |  |  |  |  |
|  | **Getting along with people*****Kuwirirana nevamwe?*** |  |  |  |  |  |
| D4.1 | Dealing with people you do not know?***Kuwadzana kana kushanda nevanhu vamusingazivi?*** |  |  |  |  |  |
| D4.2 | Maintaining a friendship?***Kugona kuchengetedza hushamwari?*** |  |  |  |  |  |
| D4.3 | Getting along with people who are close to you?***Kuwirirana nevanhu varipedyo newe kana vehukama?*** |  |  |  |  |  |
| D4.4 | Making new friends?***Kutanga hushamwari hutsva?*** |  |  |  |  |  |
|  | **Life activities*****Zviitwa zveupenyu*** |  |  |  |  |  |
| D5.1 | Taking care of your household responsibilities?***Kuita mabasa ako epamba?*** |  |  |  |  |  |
| D5.2 | Doing most important household tasks well?***Kuita mabasa akakosha epamba akawanda zvakanaka?*** |  |  |  |  |  |
| D5.3 | Getting all the household work done that you needed to do?***Kuita mabasa epamba ese aunenge uchifanira kuita?*** |  |  |  |  |  |
| D5.4 | Getting your household work done as quickly as needed?***Kuita mabasa ako epamba ese munguva inenge yakafanira?*** |  |  |  |  |  |
| D5.5 | Your day-to-day work/school?***Zvamunoita zuva nezuva kungava kubasa kana kuchikoro?*** |  |  |  |  |  |
| D5.6 | Doing your most important work/school tasks well?***Kuita basa rakho kana basa rako rechikoro rakakosha zvakanaka?*** |  |  |  |  |  |
| D5.7 | Getting all the work done that you need to do?***Kuita basa rese raunenge uchifanira kuita?*** |  |  |  |  |  |
| D5.8 | Getting your work done as quickly as needed?***Kuita basa rako nokukurumidza?*** |  |  |  |  |  |
|  | **Participation in society*****Kushandirana nevamwe munharaunda*** |  |  |  |  |  |
| D6.1 | How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?***Wainetsekana zvakadini nekubatirana nevamwe munharaunda (semuenzaniso, kunopembererwa, kuenda kumisangano yakaita seyekereke kana zvimwewo) semaitire anoita vamwe?*** |  |  |  |  |  |
| D6.2 | How much of a problem did you have because of barriers or hindrances in the world around you?***Wakanetsekana zvakadii nekuda kwe zvipingamupinyi kana kuti zvinokanganisa munyika yaunorarama?*** |  |  |  |  |  |
| D6.3 | How much of a problem did you have living with dignity because of the attitudes and actions of others?***Wakanetsekana zvakadii kurarama nechiremera nekuda kwemafungiro nemaitiro evamwe?*** |  |  |  |  |  |
| D6.4 | How much time did you spend on your health condition, or its consequences?***Wakashandisa nguva yakareba zvakadii mukuchengetedza utano wako, nezvigumisiro zvahwo?*** |  |  |  |  |  |
| D6.5 | How much have you been emotionally affected by your health condition?***Wainetsekana zvakadini mundangariro dzako kuburikidza neutano hwako?*** |  |  |  |  |  |
| D6.6 | How much has your health been a drain on the financial resources of you or your family?***Utano hwako hwakanganisa sei mashandiro emari yako kana kuti yemhuri yakho?*** |  |  |  |  |  |
| D6.7 | How much of a problem did your family have because of your health problems?***Utano hwako hwakakonzera matambudziko akaita sei kumhuri yakho?*** |  |  |  |  |  |
| D6.8 | How much of a problem did you have in doing things by yourself for relaxation or pleasure?***Wakanetsekana zvakadii kuita zvinhu uriwega zvekuti usununguke kana kufara?*** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| H1 | Overall, in the past 30 days, how many days were these difficulties present?***Pamazuva apfuura makumi matatu, mazuva mangani awaiomerwa matambudziko ataurwa pamusoro?*** | ***Record number of days*** \_\_\_\_ |
| H2 | In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?***Pamazuva makumi matatu apfuura, mazuva mangani awaikundikana kana kutadza kuita basa reko remazuva ose kuburikidza nekusanzwa zvakanaka pahutano hwako?*** | ***Record number of days*** \_\_\_\_ |
| H3 | In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?***Pamazuva makumi matatu apfuura, tisinga verengere ayo mazuva awaitotadza zvamuchose, mazuva mangani awaimbodzokera kumashure pakuita basa rako nekuda kwehutano hwako?*** | ***Record number of days*** \_\_\_\_ |