ICHOM Baseline Assessment for Depression and Anxiety v1

The following questions will assess your current health status helping your health care provider to monitor the treatment success and to acknowledge potential health risk factors.

WHODAS 2.0	In the past 30 days, how much difficulty did you have in:	None	Mild	Moderate	Severe	Extreme or cannot do
1	Standing for long periods such as 30 minutes?	☐	☐	☐	☐	☐
2	Taking care of your household responsibilities?	☐	☐	☐	☐	☐
3	Learning a new task, for example, learning how to get to a new place?	☐	☐	☐	☐	☐
4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	☐	☐	☐	☐	☐
5	How much have you been emotionally affected by your health problems?	☐	☐	☐	☐	☐
6	Concentrating on doing something for ten minutes?	☐	☐	☐	☐	☐
7	Walking a long distance such as a kilometer [or equivalent]?	☐	☐	☐	☐	☐
8	Washing your whole body?	☐	☐	☐	☐	☐
9	Getting dressed?	☐	☐	☐	☐	☐
10	Dealing with people you do not know?	☐	☐	☐	☐	☐
11	Maintaining a friendship?	☐	☐	☐	☐	☐
12	Your day-to-day work?	☐	☐	☐	☐	☐

PHQ-9	Over the last 2 weeks how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure doing thing	☐	☐	☐	☐
2	Feeling down, depressed, or hopeless	☐	☐	☐	☐
3	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4	Feeling tired or having little energy	☐	☐	☐	☐
5	Poor appetite	☐	☐	☐	☐
6	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8	Moving or speaking slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving a lot more than usual	☐	☐	☐	☐
9	Thoughts that you would be better off dead, or hurting yourself in some way	☐	☐	☐	☐

GAD-7	Over the last 2 weeks how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious, or on edge	☐	☐	☐	☐
2	Not being able to stop or control worrying	☐	☐	☐	☐
3	Worrying too much about different things	☐	☐	☐	☐
4	Trouble relaxing	☐	☐	☐	☐
5	Being so restless that it's hard to sit still	☐	☐	☐	☐
6	Becoming easily annoyed or irritable	☐	☐	☐	☐
7	Feeling afraid as if something awful might happen	☐	☐	☐	☐

MOS-SSS	People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	Someone to share your most private worries and fears with	☐	☐	☐	☐	☐
2	Someone to turn to for suggestions about how to deal with a personal problem	☐	☐	☐	☐	☐
3	Someone to do something enjoyable with	☐	☐	☐	☐	☐
4	Someone to love and make you feel wanted	☐	☐	☐	☐	☐

Have you been told by a doctor that you have any of the following chronic health conditions?

1

☐ I have no chronic condition

☐ Heart disease	☐ High blood pressure	☐ Leg pain when walking
☐ Lung disease	☐ Diabetes	☐ Kidney disease
☐ Liver disease	☐ Problems caused by stroke	☐ Disease of the nervous system
☐ Cancer (within the last 5 yrs)	☐ Anxiety Disorder	☐ Depression
☐ Arthritis	☐ Substance abuse	☐ Somatoform disorder
☐ Personality disorder	☐ Chronic pain disorder	☐ Schizophrenic disorder

Health status and prior treatment

1 How many months have you been experiencing symptoms of depression/anxiety? _____ (# of month)

2 Did you experience similar episodes of depression or anxiety before in your life?
□ This is my first episode
□ I had one similar episode before the current one
□ I had several similar episodes before the current one
□ My symptoms of depression do not occur in episodes

3 During the last year, did you receive any of the following treatments for depression/anxiety?

3 medication	☐ no	☐ 1-3 months	☐ 3-6 months	☐ more than 6 months
4 psychological treatment	☐ no	☐ 1-3 months	☐ 3-6 months	☐ more than 6 months
5 other	☐ no	☐ 1-3 months	☐ 3-6 months	☐ more than 6 months

6 If you took any medication for depression/anxiety, did you take your medication as prescribed?

☐ ne ☐ mostly ☐ yes

Did you experience medication side-effects? ☐ yes ☐ no

7 If Yes, please indicate which side-effects you have experienced:

☐ Weight gain ☐ Sexual dysfunction ☐ Sleep disturbances

☐ Dry mouth ☐ Drowsiness/sedation ☐ Cardiovascular side-effects (e.g. palpitations)

☐ Gastrointestinal side-effects (e.g. diarrhea, nausea, vomiting) ☐ Other: _____

8 How successful do you think your current therapy will be in reducing your symptoms?

☐ Not at all successful ☐ Somewhat successful

☐ Moderately successful ☐ Very successful

Demographic factors

1 What is your date of birth? _____ (dd/mm/yyyy)

2 Please indicate your sex at birth ☐ male ☐ female ☐ do not want to answer

3 Please indicate highest level of schooling completed (ISCED 1997)

☐ none ☐ grade 1-6 ☐ grade 7-9 ☐ High school

☐ Vocational certificate ☐ Bachelor/Master ☐ Ph.D.

4 Which statement best describes your living arrangements?

☐ with partner/spouse/family/friends ☐ alone

☐ nursing home/hospital/long term care home ☐ other

5 What is your work status?

☐ Unable to work (due to a condition other than depression or anxiety) ☐ Unable to work (due to depression or anxiety)

☐ Not working by choice (student, retired, homemaker) ☐ Working part-time

☐ Seeking employment (I consider myself able to work but cannot find a job) ☐ Working full-time

6 How many working days have you missed within the last month due to illness? _____ (# of days)