APPENDICES
Appendix I

Date of Interview: ________________________________

Background Information Schedule
Developed By
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Introduction: The broad objective of this schedule is to gather information about the socio-economic and family background of the subjects. This schedule also intends to gather information about the problems encountered by the family members in dealing with depressive patients. There are no right or wrong answers. We are interested to know your personal opinion about the following issues. Please note that confidentiality of the information will be maintained and information will be used for research purpose only. Hence, feel free to share the information.

Section I: Socio-economic and Treatment Related Information

1.1 Name of the Subject and Address, (specify Urban or Rural and congested or uncongested living environment) : ________________________________________________________________

1.2 Age:
- Below 20 .......................................................... 1
- 21 - 25 ...................................................... 2
- 26 - 30 ....................................................... 3
- 31- 35 ...................................................... 4
- 36 - 40 ...................................................... 5
- 41 - 45 ...................................................... 6
- 46 - 50 ...................................................... 7
- 51 - 55 ...................................................... 8
- 56 and above ............................................. 9

1.3 Gender : Male ............. 1, Female ............... 2

1.4 Education:
- Below Madhyamik ........ 1
- Madhyamik ....................... 2
- H.S. passed ....................... 3
- Graduate ......................... 4
- Post Graduate ................... 5

1.5. Occupation:
- Service ....................... 1
- Student ....................... 2
- Unemployed ..................... 3
- Business ...................... 4
- Others, pl. specify ........... 5

1.6 Marital Status:
- Married ....................... 1
- Single ....................... 2
- Divorce ....................... 3

1.7 Income:
- Below 4000 per month .......... 1
- Rs. 4001 - 6000 ................... 2
- Rs. 8001 - 12000 ................. 3
- Rs. 12001 - 16000 .......... 4
- Rs. 16001 and above ........... 5
1.8 Onset of Depression

Up to one month .................... 1
One to Six months ................. 2
Six to One year ..................... 3
One to Two years .................. 4
More than Two years ............. 5

1.9 Whether treatment received

Yes ....................1, No ...............2

1.10 If yes, whether benefitted:

Yes ....................1, No ...............2

1.11 Types of Depression

Major Depression..................1
Dysthymic Depression.............2
Bipolar depression...............3

1.12 Whether the subject suffers from any major health problem?

Yes ....................1, No ...............2

1.13 If yes, what is the health problem?

1.14 For how long the subject is suffering from the same health problem:

For the last six months .......... 1
For the last one year ............ 2
More than three years .......... 5
For the last two years .......... 3
For the last three years ......... 4

1.15 Any addiction

Yes ....................1, No ...............2

1.16 If yes, dependent on what:

Alcohol ......................... 1
Drug ......................... 2
Sleeping Tablets .............. 3
Others, please specify .......... 4

1.17 No. of siblings

One ..................... 1
Two ..................... 2
Three ....................... 3
Four and above .................. 4

Section II: Family Related Information

2.1 Any family history of depression

Yes ........ 1, No ............ 2

2.2 Type of family

Joint ......... 1, Single ......... 2

2.3 Size of family

Below 4 members .......... 1
4 - 6 members .......... 2
7 - 8 members .......... 3
9 and above .......... 4

2.4 Family environment

Peaceful .................... 1
Not so peaceful .............. 2
Disturbed ................... 3
2.5 In general subject's relation with the family members:
   - Very friendly .................................. 1
   - Not so friendly ................................. 2
   - Disturbed ...................................... 3

2.6 Any addiction/deviant habit/background of any of the family members:
   - Yes ............................................ 1
   - No ............................................. 2

2.7 If yes, please state the relationship of the said person with the subject.

2.8 Total family income from all sources:
   - Below 4000 per month ....................... 1
   - Rs. 4001 – 8000 ............................. 2
   - Rs. 8001 - 12000 ............................ 3
   - Rs. 12001 – 16000 .......................... 4
   - Rs. 16001 and above ...................... 5

2.9 Social network of family
   - Low social network .......................... 1
   - Moderate social network ..................... 2
   - High social network .......................... 3

2.10 Whether any family member is suffering from any major health problem?
   - Yes ............................................ 1
   - No ............................................. 2

2.11 If yes, what is the health problem?

2.12 For how long he/she has been suffering from the said health problem?
   - For the last six months ..................... 1
   - For the last one year .......................... 2
   - For the last two years ....................... 3
   - For the last three years .................... 4
   - More than four years ....................... 5

Section III: Problems Perceived by the Family Members in Dealing with Depressive Patient

3.1 When family members first noticed the problem in subject?
   - Six months back ............................ 1
   - One – Two years back ....................... 2
   - Three – Four years back .................. 3
   - Five and above years .................... 4
3.2 What were the symptoms?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Code No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent sad, anxious or 'empty mood'</td>
<td>1</td>
</tr>
<tr>
<td>Feeling of hopelessness, pessimism</td>
<td>2</td>
</tr>
<tr>
<td>Feeling of guilt, worthlessness, helplessness</td>
<td>3</td>
</tr>
<tr>
<td>Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex</td>
<td>4</td>
</tr>
<tr>
<td>Decreased energy, fatigue, being 'slowed down'</td>
<td>5</td>
</tr>
<tr>
<td>Difficulty in concentrating, remembering, making decisions</td>
<td>6</td>
</tr>
<tr>
<td>Insomnia, early morning awakening or oversleeping</td>
<td>7</td>
</tr>
<tr>
<td>Appetite and/or weight loss or overeating and weight gain</td>
<td>8</td>
</tr>
<tr>
<td>Thought of death or suicide, suicidal attempts</td>
<td>9</td>
</tr>
<tr>
<td>Restlessness, irritability</td>
<td>10</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>11</td>
</tr>
<tr>
<td>Persistent physical symptoms that do not respond to treatment such as headache, digestive disorders and chronic pain</td>
<td>12</td>
</tr>
</tbody>
</table>

3.3 What did they do?

- Immediately contacted doctor ........................................ 1
- Did not pay attention .................................................. 2
- Any other, please specify ........................................... 3

3.4 What are the probable causes as perceived by the family members?

- Poor academic performance ........................................... 1
- Prolonged unemployment ............................................... 2
- Family disturbances ................................................... 3
- No issue/child .......................................................... 4
- Lose of close relative ................................................. 5
- Others, please specify ................................................ 6

3.5 What sorts of problems do you encounter in dealing with the subject?

(DONOT PROMPT, PROBE THROUGHLY)

- Poor interpersonal relationships .................................. 1
- Poor hygienic sense/cleanliness .................................... 2
- Lack of sense of responsibility .................................... 3
- Not attending office ................................................... 4
- Withdrawn ............................................................... 5
- Others, please specify ................................................ 6

3.6 How did you deal with the situation?

- ..................................................................................
- ..................................................................................
- ..................................................................................

3.7 Whether subject attempted to commit suicide? Yes .............. 1, No .......... 2

3.8 If yes, how many times?

- Once ................................................................. 1
- Twice ............................................................... 2
- More than twice ...................................................... 3
3.9 According to you what needs to be done to deal with these types of patients?

THANKS FOR YOUR KIND COOPERATION