PSYCHIATRIC COMORBIDITIES AMONG EPILEPTIC PATIENTS ATTENDING THE MATHARI OUTREACH PSYCHIATRIC CLINIC IN KARIOBANGI, NAIROBI COUNTY

By

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DECLARATION

I declare that this thesis is my original work and has not been submitted for examination in any University
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DEDICATION

First, I would like to thank God for enabling me to undertake this study.

I would also like to dedicate this work to my supportive family and the wonderful faculty of the University Of Nairobi Department Of Psychiatry, without who this work would never have become a reality.

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LIST OF ABBREVIATIONS

GCAE- Global Campaign Against Epilepsy (GCAE)

KNH/UON-Kenyatta National Hospital/ University of Nairobi Ethics Research Committee

MNTRH- Mathari National Teaching ans Referral Hospital

SPSS-Statistical Package for the Social Sciences

WHO- World Health Organization

OPERATIONAL DEFINITIONS

Epilepsy- A neurological disorder defined as recurrent, unpredictable, and typically unprovoked seizure activity"

Comorbidity – This refers to two disease diagnoses in one individual at the same time but with one predominant one. The other could be attributed to the predominant one or not.

ABSTRACT

Introduction: It is appreciated that due to a number of factors related to the mechanism of the epilepsy and behavioral disorders, such as common neuropathology, developmental disturbances, effects of ictal neurophysiology and inhibition of hypometabolism surrounding the epileptic focus among others, it is not uncommon to find epileptic patients also suffering from a psychiatric disorder or a behavioral problem (Fahad & Cavazoz, 2016).The primary concern however is that, since it is neurological and patients tend to exhibit symptoms that could be synonymous to a psychiatric illness in our clinical settings in Kenya, the psychiatric co-morbidities are or could be overlooked.

Study objective: Therefore this study seeks to assess psychiatric comobordities among epileptic patients attending the Mathari outreach psychiatric clinic in Kariobangi, Nairobi County.

Research Design: The study will adopted a descriptive cross-sectional research design Study Site: The research was carried out at the Mathari outreach psychiatric clinic in Kariobangi, Nairobi County.

Target Population: The study targeted adult epileptic patients at the Mathari outreach psychiatric clinic in Kariobangi, who have been diagnosed with epilepsy

Sample size: Convinience sampling was used to get 144 respondents**.**

Research Instruments: A researcher- designed questionnaire and the MINI International Neuropsychiatric Interview were used and data analysis: Data analysis will be done using SPSS version 23.

Findings: The prevalence of the psychiatric comorbidities was 79.2%. Most of the respondents were suffering from affective disorders. 43.8% were having depression or depression with melancholic feelings. Suicidality was also found to be a prevalent comorbidity.

Conclusion: Clearly, the prevalence of psychiatric comorbidities among epileptic patients in Kenya is high. Psychiatric conditions including mood, anxiety, and psychotic disorders, are common among this population. Gender, education levels and employment situation were found to be associated with psychiatric comorbidities in epileptic patients.

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CHAPTER ONE: INTRODUCTION

1.0 Background Information

It has been noted as a common occurrence to find a patient with a physical illness also suffering from a psychiatric illness and therefore besides the physical management of disease where tests and examination could be ordered as part of the treatment, psychiatric management is also employed to manage the comorbidity (Maj, 2009). The vice versa is just as common (De Hert, et al., 2011). Studies have actually found that prevalence of physical and psychiatric illness comorbidities have been on the rise for the past twenty years and in some countries, the situations has been dire (Satorius, Holt, & Maj, 2015). This has been particularly noted among the elderly who tend to have these diagnoses more commonly than the younger persons (Skoog, 2011). However, it is also important to note that the younger persons are also affected because chances of finding an individual with a comorbidity is increasingly higher today and is expected to become higher in the coming years (Satorius, et al., 2015).

An over view of previous studies done in the past have found that these comorbities predict poor quality of life. Smith, et al. (2013), looked at schizophrenia and comorbid physical illness and they concluded that the life expectancy of a patient suffering from schizophrenia was shortened if they suffered from a physical illness too which they seemed to be very prone to. Katon et al.(2010), in their study found that diabetic patients were more likely to be diagnosed with depression and hence their psychological well being was paramount for their overall well being. Glassman et al.(2010), also found that diabetic patients had depression and heart disease while Kissane et al.(2011), found the same association between depression and cancer, in that patients with cancer were prone

to suffer from depression and hence their psychological well being was also as important as their physiological treatment. O'Hara, et al. (2010), in their study which was based on a review of evidence, found that generally adults with intellectual disabilities suffered from comorbid physical illness and had shortened life expectancy (up to 15 years less) than the normal age mate with no intellectual disability. This was attributed to the fact that these individuals generally had poor access to medical care and hence poor health outcomes. The study highlighted the fact that these individuals were more likely to suffer from asthma, hypertension and oral disease. Gordon (2010), also found that drug addicts or individuals suffering from substance abuse were generally more prone to suffering from physical illness.

This current study primarily focuses on epilepsy and the psychiatric comorbodities that seem to occur with this disorder. According to the Global Campaign Against Epilepsy (GCAE) (WHO, 2003) epilepsy is" defined as recurrent, unpredictable, and typically unprovoked seizure activity". According to published data, global estimates of people affected or suffering from the disorder is 50 million. It is estimated that the number of people with active epilepsy (which refers to people with continuing seizures and need treatment) at a given time is about 4 to 10 people. But some studies that have been done in low and middle income countries give higher estimates of 7 to 15 per 1000 people (WHO, 2018).

More children than adults are commonly diagnosed with epilepsy and this is mostly because seizure episodes commence in early childhood in most cases (Pitkanen, Lukasiuk, Dudek, & Stanley, 2015). It has been noted that these childhood seizures have a behavioral and emotional impact in the individual even in later childhood and even adulthood (Kariuki, Newton, Prince, & Das-Munshi, 2016). Studies have also found that in adulthood, seizure episodes generally subside until later when individuals are elderly

and if they do occur it is because of an underlying physical illness that could be related to the endocrine system or interference with the metabolic system or central nervous system pathology (Vingerhoets, 2006).

Years ago, epilepsy was considered to be a psychiatric disorder but this changed after it was determined to be a neurological disorder, though due to its presentations, psychiatrists are usually involved in its management. Basically, it is appreciated that due to a number of factors related to the mechanism of the epilepsy and behavioral disorders, such as common neuropathology, developmental disturbances, effects of ictal neurophysiology and inhibition of hypo metabolism surrounding the epileptic focus among others, it is not uncommon to find epileptic patients also suffering from a psychiatric disorder or a behavioral problem (Fahad & Cavazoz, 2016).It is actually estimated that 20 to 30 percent of the patients with epilepsy have psychiatric comorbidity (Algreeshah, 2016).

The primary concern however is that, since it is neurological and hence patients tend to exhibit symptoms that could be synonymous to a psychiatric illness in our clinical settings, the psychiatric comorbidities are or could be overlooked and treatment in our clinical settings is mainly focused on minimizing the convulsions. No psychiatric evaluations are done despite the fact that prolific studies on the same have demonstrated that psychiatric disorders such as depression, anxiety disorders and schizophrenia are the most common mental illness that are diagnosed in epileptic patients (Altınoz, et al., 2016; Chang, et al., 2013). Notably such studies have been conducted in other parts of the world to a wider extent besides Africa, hence the paucity of data on the same in Kenya.

1.2 Problem Statement

As mentioned, it is estimated that 20 to 30 percent of the patients with epilepsy have psychiatric comorbidities (Algreeshah, 2016). These mental illnesses are usually attributed to the seizures and in some cases, diagnosed prior to a positive diagnosis of convulsions. In Sub-Saharan Africa, the estimated number of people suffering from active epilepsy was 4.4 million in the year 2012 (Abigail, et al., 2012) and based on global estimates of 2.4 million new diagnosis of epilepsy and more so 80 percent of these persons reside in low income countries given (WHO 2018) The number may be probably higher. Despite the high prevalence of epilepsy in sub-Saharan Africa and studies conducted outside Africa establishing the relationship between psychiatric disorders and epilepsy; psychiatric comorbidity in epilepsy is still poorly understood. Moreover, few studies have been conducted on the same in Africa. In Kenya no study has been done to determine if there are any psychiatric comorbidities among these patients and what patterns there are in their manifestations. Generally, studies that rely on structured psychiatric interviews among these patients are scarce and the disorders cited as mostly comorbid have been based on clinical observations. This study seeks to fill these gaps by determining the prevalence of psychiatric comorbidities and their patterns among epileptic patients in Nairobi. In addition, it employs a comprehensive assessment tool enabling an in-depth assessment into the disorders.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter entails the review of literature from studies carried out on psychiatric comorbidities in epileptic patients. The literature is discussed as per the study objectives.

2.2 Psychiatric Comorbidities among epileptic patients

As mentioned, one of the biggest controversies in relation to epilepsy and mental illness was the fact that epilepsy was long considered a mental illness. In 1994, the WHO referred to epilepsy as part of mental illnesses that commonly affected the global population (WHO, 1994). Olubunmi (2009), in his study also referred to epilepsy as a mental illness. However, with consistent research and more neurological aspects put forward to understand the etiology of epilepsy, this particular notion has been long resolved. Today, Epilepsy has been understood as a neurological disorder that has been significantly linked to mental illness.

Despite the fact that there has been a bit of controversy on the same; whereby the Epilepsy Foundation have come out strongly to refute this correlation and instead implied that cognitive and psychological problems are rare in epileptic patients. If there's a comorbidity in epileptic patients, then the most affected are those that have severe and uncontrollable seizures (Rodriguez & Benbadis, 2016). A number of studies have shown that there is a definitive link between an individual being diagnosed with epilepsy and later developing some mental illness particularly neurotic disorders (Chang, Liao, Hu, Shen, & Chen, 2013). For instance, a comparative cohort study was conducted to determine the incidence of psychiatric disorders after an epilepsy diagnosis as opposed to incidences in the population that had been diagnosed with other illnesses. It was established that the individuals with epilepsy had a higher risk of suffering from

intellectual disability, bipolar disorder and alcohol and substance use disorders (Chang, et al., 2013). The mental disorders noted were amongst the complications that were diagnosed after epilepsy diagnosis. This study was undertaken in Taiwan.

Another study that found similar results but with significantly lower morbidity was done in North Eastern Mexico at a tertiary level hospital. The study established that 36% of patients who had been previously diagnosed with epilepsy also suffered from a psychiatric disorder (Dominnguez-Aguilera & Muniz-Landeros, 2017). The study excluded patients who had already been diagnosed with a psychiatric disorder or those that had undergone some type of surgery without medical evidence of a psychiatric disorder. The MINI plus Interview was used to assess for psychiatric disorders.

A cohort which comprised of 98 Caucasian patients previously diagnosed with temporal lobe epilepsy was assessed for presence of any psychiatric disorders. These patients were only included if their neuro-imaging features indicated that indeed they had temporal lobe epilepsy. The study found that 53 patients had one lifetime mental illness while 42 of the participants had mood disorders. Eighteen of the participants were also diagnosed with anxiety disorders while 6 participants were suffering from psychotic disorders. As for those who had drug and alcohol disorders, the number was 6 (Bragatti, et al., 2010). The study was done in Brazil and the participants were outpatients at an epilepsy clinic in Hospital de Clinicas de Porto Alegre. The study sought to show the importance of structured interviews in assessing for mental disorders. The study found that almost 60 percent of the participants who were already suffering from mood disorders had Major depression. The overall prevalence of Major depression in the Clinic was 25 percent (Bragatti, et al., 2010). Nineteen percent (19%) of the patients who were suffering from mood disorders had dysthymia. As for Generalized anxiety disorder, only 5 patients were

found to be suffering from this anxiety disorder while 6 patients had panic disorder. Three patients were suffering from post-traumatic stress disorder.

In a retrospective study that was done in Turkey amongst a prison population with epilepsy it was established that 40.5 percent of the study participants had a psychiatric comorbidity. Depression and anxiety were found to be the most common psychiatric disorders affecting the participants at almost 19 percent and 11 percent respectively (Altınoz, Meric, Altınoz, Essizoglu, & Cosar, 2016). The researchers further compared the occurrence of psychiatric disorders among the prisoners and the general population that had been diagnosed with epilepsy and concluded that the prison population with epilepsy had more psychiatric disorders as comorbidities (Altınoz, et al., 2016). The study involved 200 epileptic patients attending the Ankara Penal Institution Campus State Hospital between the year 2013 and 2014 in January. The Turkish study primary focus was to highlight the fact that psychiatric comorbidities were generally ignored once epilepsy diagnosis were confirmed by a neurologist.

Studies done in Africa indicate the same results in that there are psychiatric comorbidities in epileptic patients. A systematic review that focused on studies that were done on depression and epilepsy in Africa found that the overall estimate of prevalence of depression among patients with epilepsy was 32.71 (95% CI: 25.50 - 39.91). Regionally, the data pooled from the 16 studies that were included in the systematic review found that in East Africa, prevalence of depression amongst epileptic patients was estimated to be 34.52 (95% CI: 23.53 - 45.51). In Southern and western Africa, it was estimated that depression affected 29.69 (95% CI: 22.7 - 36.68) of this group of patients. This study concluded that the comorbidity was quite prevalent in Sub-Saharan Africa. (Getenet, Mulugeta, Leshargie, Wagnew, & Burrowes, 2018).

Another study that was done in Nigeria among adult epileptic patients at Abubakar Tafawa Balewa University Teaching Hospital, Bauchi, found that 44.6 percent of the study participants had comorbid psychiatric disorders with 22.6 percent suffering from depression, 17.6 percent having a diagnosis of schizophrenia, and 4.1 percent were diagnosed with generalized anxiety disorder while 1.4% had hypomania (Sulyman & Ayanda, 2016). Diagnosis was confirmed by using the Mini International Neuropsychiatric Interview.

An Algerian study that sought to determine whether epilepsy and psychiatric illness had a causal relationship concluded that indeed the two shared this kind of relationship because if an individual was epileptic, there was a high probability they could have a psychiatric illness and vice versa (Chentouf, 2016). This was attributed to a possible genetic predisposition. The study was undertaken at the Epilepsy Unit at the Oran University of Medicine.

There is paucity of data or lack of published data on the same in Kenya and studies that have been done on epilepsy include one that focused on the quality of life of epileptic adults at the Kenyatta National Hospital (Kinyajui, 2007). The other study that seemingly addresses the issues this current study is addressing but focused on children was assessing the prevalence of emotional and behavioral problems in children with epilepsy attending the child neurology clinic at Kenyatta national hospital (Karanja, 2017). This particular study found that 46 percent of the children that were suffering from epilepsy had emotional, behavioral and social problems and that depression was the most common noted problems. Basically there was a high prevalence of emotional and behavioral problems in these children compared to the normal population in this respect.

2.3 Predictors of Psychiatric Comorbidities among Epileptic Patients

Sulyman & Ayanda (2016), in their study that was done in a Nigerian Tertiary health institution to determine the risks factors of suffering from psychiatric disorders while epileptic, found that being male was one of the factors. This was mainly because the population had more males than females suffering from epilepsy. Some researchers have attributed this to the fact that males are more exposed to factors that cause acute symptomatic seizures and lesional epilepsy (McHugh & Delanty, 2008). It has also been found that males were more prone to continuous seizure attacks known as status epilepticus and also sudden death caused by epilepsy. Females on the other hand are more likely to suffer from idiopathic generalized epilepsies (McHugh & Delanty, 2008).

A study that was also done to determine the effect of gender variables in epilepsy, both in symptoms and seizure types found that the male participants had tonic seizures as opposed to women but there was no difference with regards to the other types of seizures. Women were found to experience the psychic, autonomic or fear, dissociation which were associated with seizures (Carlson, Dugan, Kirsch, & Friedman, 2014). Therefore, clearly women seem to be more prone to suffer from psychiatric symptoms after an epileptic attack; however, more studies need to be done to ascertain this finding.

Chang,et al., (2013) found that major risk factors of developing psychiatric disorders after being diagnosed with epilepsy were how often an individual had seizures which were generalised, the number of times an individual visited the hospital as an outpatient due to seizures, the number of times the person visited the emergency room or were hospitalized. These factors seemed to increase the chances that an epileptic patient could suffer from depression and anxiety.

With regards to age, the Nigerian and Brazilian studies previously mentioned showed that most of the adults' patients that were diagnosed with epilepsy and also having psychiatric disorders ranged between 20 to 40 yrs of age (Chang,et al., (2013); Bragatti, et al. (2010)). Bragatti, et al. (2010), however extended the age to 75 yrs. Basically, the conclusion was that older epileptic patients were generally found to be having comorbidities. Unemployment and short term seizure free period were also found to be predictors to developing psychiatric disorders. Finally poly therapy for epilepsy was generally associated with development of psychiatric disorders as opposed to monotherapy (Getenet, et al., 2018). Owing to the fact that there are no studies from kenya to reference on the same, this study seeks to establish whether predictors play a role in developing psychiatric comorbidities in Epileptic patients.

2.4 Significance of the study

The first significance of this study is promoting continued education among policy makers, health workers and the epileptic patients and their families. The literature establishes the fact that despite prior knowledge that epilepsy was considered a mental disorder, it is now appropriately regarded as a neurological disorder. However, the fact that epileptic patients are rarely screened for psychiatric disorders has also been established. Clearly the fact that it was previously considered a mental disorder has made psychiatric comorbodities to be ignored. Again this is despite the fact that studies have already established that there is a bi-causal relationship between the two. This study aims to highlight the importance of psychiatric screening of epileptic patients.

2.5 Rationale of the study

This study is important because first and foremost, there is no other similar study that has been published from Africa. Basically, studies on psychiatric comorbidities among

epileptic patients have not been done or published from this country. Therefore, this study will not only add to the already existing literature on epilepsy and act a baseline study in Kenya.

Secondly, this is important because it will help in management of epileptic patients with psychiatric comorbidities who seek services at the health centres in Kenya. Better management will be encouraged through proper screening of possible psychiatric comorbidities and treating the disorders to improve the quality of life of these patients.

2.6 Research Questions

1. What is the prevalence of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi?

2. What are the predictors and patterns of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi?

3. Is there relationship between comorbidity and predictors of psychiatric disorders among epileptic patients attending the Mathari outreach psychiatric clinic in Kariobangi?

2.7 Study Objective

2.7.1 Broad Objective

To assess psychiatric comorbidities among epileptic patients attending the Mathari outreach psychiatric clinic in Kariobangi, Nairobi County

2.7.2 Specific Objectives

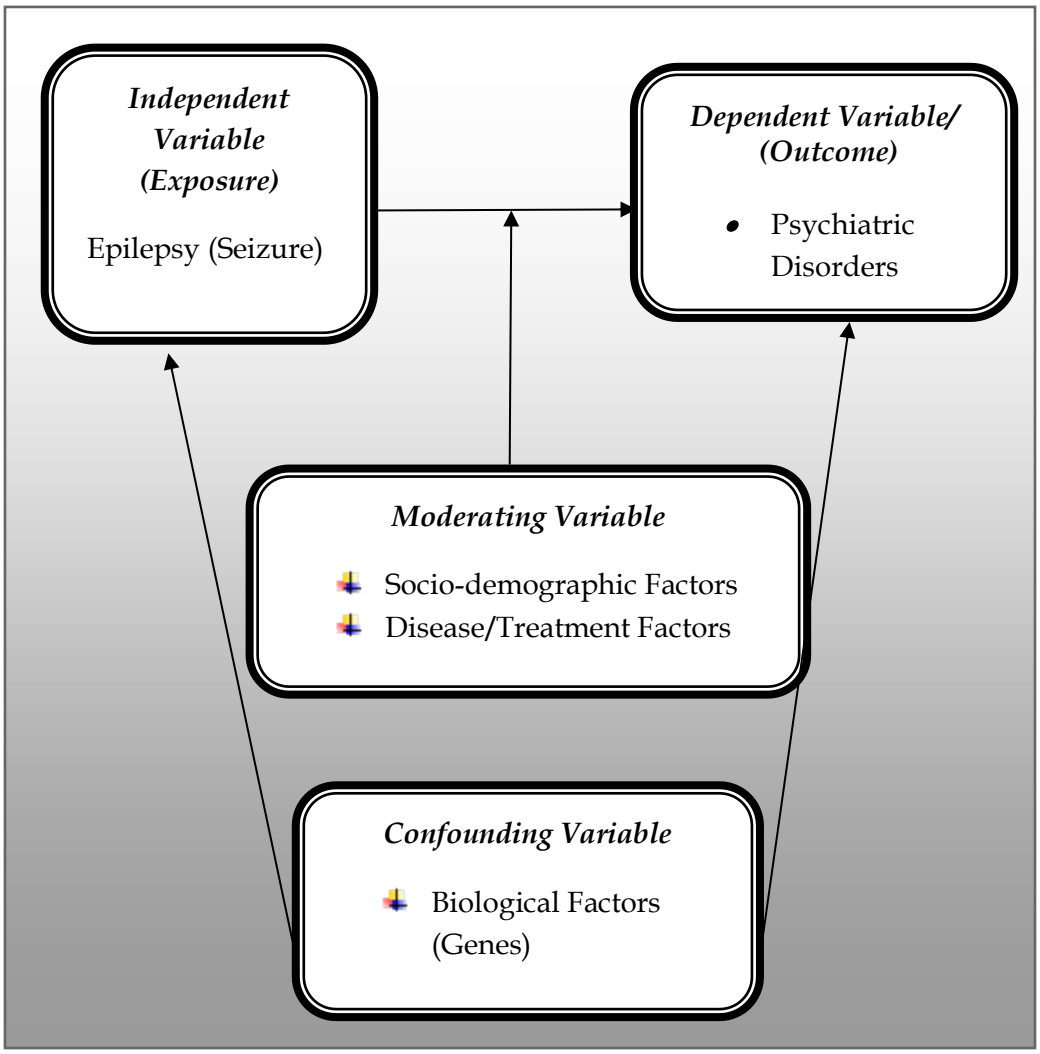
1. To determine the prevalence of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi

2. To determine the predictors and patterns of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi

3. To determine the relationship between comorbidity and predictors of psychiatric disorders among epileptic patients attending the Mathari outreach psychiatric clinic in Kariobangi

2.8 Conceptual Framework

Figure 2. 1*: Conceptual Framework Showing the Variables*



Author: Dr.Gloria Sane_ 2019

The conceptual framework above shows how variables interplay. The independent or exposure variable in this study is epilepsy. The outcome variable are the psychiatric comorbidities. The moderating variables are the socio-demographic factors such as occupation, education level, marital status and the number of children and the socio-economic factors and the disease and treatment factors such as reaction to medications. The confounding factors that could also explain the etiology of both epilepsy and the psychiatric comorbidities are the genetic factors (history of mental illness or psychiatric disorders).

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The chapter is presented in the following sections namely: the research design, target population, sampling design and sample size, data collection, data management and analysis and ethical consideration.

3.2 Study Design

The study used a cross-sectional research design. This allowed the researcher to collect different data parameters from all the patients represented in the study. E.g. age, sex, socio-economic circumstance and so on at that one point using the questionnaire.

3.3 Study Site

The study was done in Nairobi County in Kenya. There are a number of clinics for patients with Epilepsy that are run and managed by the county council. The study will be done at one of the clinics in the county which is Mathare Outreach Clinic at Kariobangi Health Centre. This clinic serves residents of neighboring Mathari, Kariobangi, Korogocho and Huruma. Some of the health services offered at the clinic include family planning, normal treatment for common ailments, immunization and psychiatric evaluation and treatment of disorders and TB treatment. This clinic is run every Tuesday of the week and receives approximately 25 patients every Tuesday. This is an average of 100 patients monthly. Out of this, about 85 are patients with Epilepsy and Seizures who come to collect their monthly prescriptions ((MNTRH Records Department, Outpatient Records report, 2018). The clinic serves patients who were previously seen /or admitted at the main hospital and were discharged through the clinic for follow up, the clinic being conveniently close to them as opposed to coming all the way to the Main Hospital. The clinic is run by staff from MNTRH. The diagnosis commonly seen are Epilepsy and

seizures, Drug induced psychosis, Bipolar Mood Disorder, Schizophrenia, Other Psychosis.

3.4 Study Population

The study population targeted adult epileptic patients who attend the clinic every Tuesday for anticonvulsant medication.

3.5 Inclusion and Exclusion criteria

The inclusion criteria was:

i. Patient aged 18yrs and above

ii. Both Female and Male epileptic patients

iii. Patient who gives consent to participate in the study

The exclusion criteria was:

i. Younger patients aged below 18yrs

ii. Patient who is not stable enough (too sick) or deemed incapable to participate in the study for example patients with intellectual disability

3.6 Sample Size Determination

The total number of registered epileptic patients who attend the outreach clinic at Kariobangi in the year 2017 was 228. The sample size was calculated by adopting Yamane Taro's sample size determination formula below (Yamane, 1967):$n = \frac{N}{1+N(e)2}$

Where n is the sample size of target population needed for the study

N is the entire population size of target population

e is the level of precision (error estimate) which is 0.05

$n = \frac{N}{1+N(e)^2}$ = $n = \frac{228}{1+228\ (.05)^2}$ = 145.2 = 145 respondents

Therefore the number of participants that were to be approached to participate in the study was 145. However, the researcher aniticipated that some questionnaire may not be filled due to respondents abandoning the study prematurely, therefore more respondents were targeted to cover for the attrition rate which was calculated as follows:

10% for Non-response = 14.5

Therefore: 160 respondents were targeted by the researcher however, only 144 respondents were included in the study.

3.7 Sampling Method/Technique

Convenient sampling was the sampling technique used to recruit the number of respondents needed for the study. Respondents were approached and requested to participate in the study based on their proximity and availability.

3.8 Recruitment and Consenting Procedure

Approximately 25 adult patients with Epilepsy come to collect their monthly prescriptions at the Clinic every Tuesday. However, the number could vary. Therefore, the researcher targeted all these respondents.

Once the respondents were identified as they came in for their clinic and check up; they were approached and kindly asked to participate.

If the respondent met the inclusion criteria, then they were requested to sign consent forms that indicate that their participation was entirely voluntary. Prior to the respondents consenting to participating in the study, they were adequately informed

about the purpose or aim of the study and the study expectations and their roles as participants.

3.9 Variables

As illustrated in the conceptual framework, the independent or exposure variable in this study was epilepsy. The outcome variable were the psychiatric comorbidities. The moderating variables were the socio-demographic factors such as occupation, education level, marital status and the number of children and the socio-economic factors and the disease and treatment factors such as reaction to medications. The confounding factors that could also explain the etiology of both epilepsy and the psychiatric comorbidities were the genetic factors (history of mental illness or psychiatric disorders).

3.10 Study Instruments

The Mini-International Neuropsychiatric Interview (M.I.N.I.) was used. It is a short structured diagnostic interview, developed jointly by psychiatrists and clinicians in the United States and Europe, for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, it was designed to meet the need for a short but accurate structured psychiatric interview for multicenter clinical trials and epidemiology studies and to be used as a first step in outcome tracking in non-research clinical settings (Sheehan, et al., 1998). With regards to its reliability, it was found that the kappa coefficient, sensitivity and specificity were good or very good (kappa 0.8 and above) for most disorders apart from generalized anxiety disorder with Kappa 0.36; agoraphobia (sensitivity =0.59) and Bulimia; (kappa=0.53). The inter rater and test reliability were also good as it was compared to the Composite International Diagnostic

Interview and Structured Clinical Interview for DSM- HI-R (SCID) (Sheehan et al., 1998).

A researcher designed questionnaire that focused on the socio-demographic data of the patients was also be used.

3.11 Data Collection Procedure

The researcher sought permission from the KNH/ERC before starting data collection. Approval from the county government medical officer was also obtained first before embarking on the research as the clinic is run by the county government. Permission was also be sought from the Mathari National and Teaching and referral hospital superintendent. This included informing the county about the purpose and objectives of the study. The clinic administration was requested to offer one office where the data collection was conducted in privacy and confidentially. Once the participants are identified through convenient sampling, consent from all participants was obtained first at the study site. The consent form had details on the purpose of the study. Once the respondents signed the consent the researcher administered the Mini-International Neuropsychiatric Interview (M.I.N.I.). As per the recommendation, the tool was researcher administered. The researcher then stored the filled in questionnaires after completing the questionnaire.

The research instruments/tools were translated into Kiswahili.

3.12 Flow Chart of the Data Collection Process

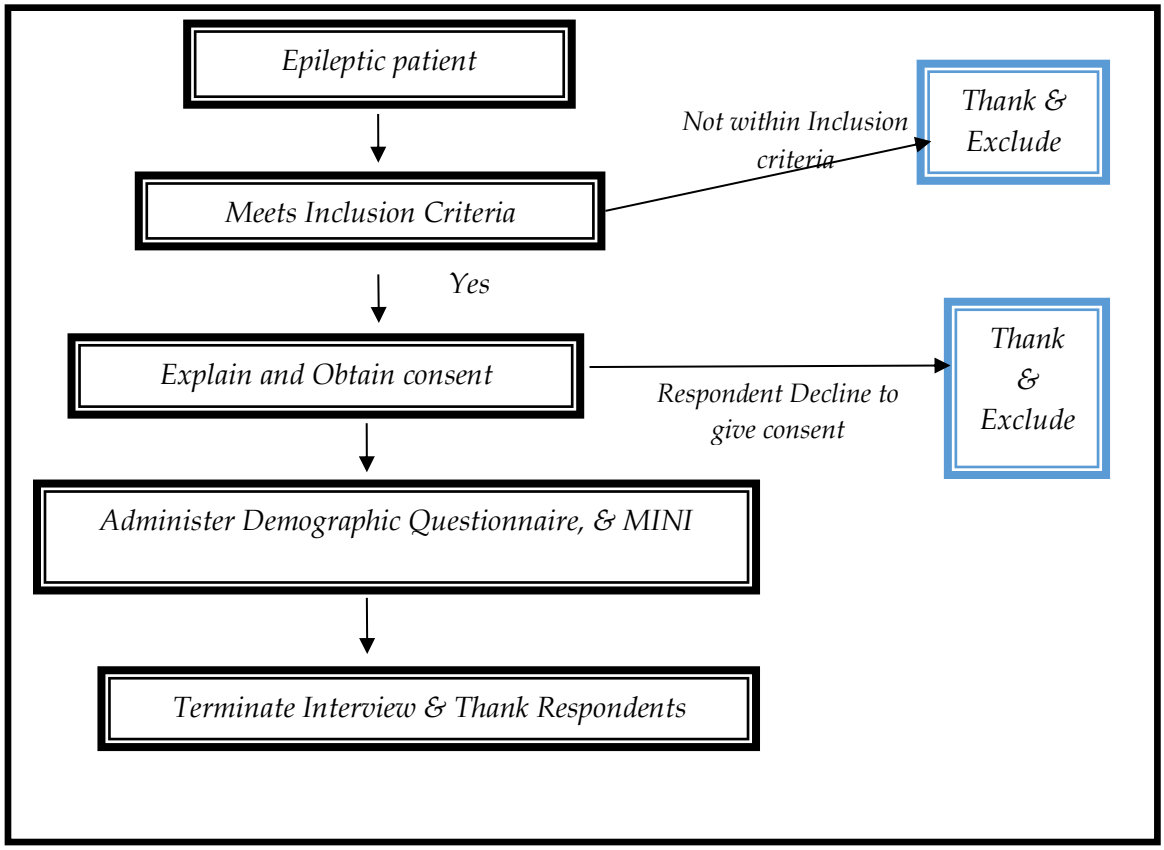


Figure 3. 1: Flow Chart for Data Collection Process
Author_ (Dr. Gloria)

3.13 Ethical Consideration

The approval from the Hospital and University of Nairobi ethics and research committee and the study site administration were sought before the commencement of the study. The respondents were assured of their anonymity as no names were indicated on the tools.

There was a risk of distressing a patient while doing the data collection especially if they find out that they are suffering from psychiatric disorder. However, none of the respondents suffered from psychological distress. Most already psychiatric comorbodities. So no patients were treated or referred for psychotherapy due to psychological distress caused by being a participant in the study.

The benefit of the study was that in cases where the patients were found to be suffering from a comorbidity, their management was improved.

For participants who could suffer from seizures, the appropriate first aid would have been offered on site. But none of them suffered from seizures during the study. The participants were also be informed that the study posed no physical harm to them.

3.14 Data management

Completed questionnaires were checked for proper completion and incomplete and spoilt questionnaires were removed from the pile. Well answered questionnaires were collected and kept in a secure bag. The researcher stored the questionnaires at home in a lockable cupboard awaiting data entry and analysis. After analysis, the findings of the study will be published in a reputable journal.

3.15 Data Analysis and Presentation

After data collection, data entry and quantitative statistical analysis was done using Statistical Package for Social Sciences (SPSS) version 23. Association between the variables was presented using Chi-square tests, correlation between variables was determined by Pearson's correlation. Frequency tables, bar graphs and pie charts was used to present the socio-demographic factors and prevalence rates.

3.16 Study Limitation

The limitations of the study are the fact that the MINI is quite an extensive or large tool and participant patience could be a concern. Administration of the tool could take approximately 35 to 45 minutes and this could pose as a challenge in the process.

Since this is a Psychiatric outreach clinic there also exists a bias towards the pool of patients generally having psychiatric disorders.

CHAPTER FOUR: FINDINGS

4.0 Introduction

The results are presented according to the study objectives which were:

1. To determine the prevalence of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi
2. To determine the predictors and patterns of psychiatric comorbidities among epileptic adult patients attending the Mathari outreach psychiatric clinic in Kariobangi
3. To determine the relationship between comorbidity and predictors of psychiatric disorders among epileptic patients attending the Mathari outreach psychiatric clinic in Kariobangi

4.1 Response Rate

The sample size population for the study was 144 out 160 respondents; therefore, the response rate was 90%. 14 respondents' questionnaires were excluded from the study because their socio-demographic information was incomplete or missing.

2 respondents opted out of participation mid data collection.

4.2 Respondents' Socio Demographic Profiles

Table 4.1 presents socio-demographic characteristics of the respondents who were adult epileptic patient who attend the Mathari outreach clinic every Tuesday at Kariobangi. Sixty point four percent (60.4%; (87)) of the respondents were male while 39.6% (57) were female.

The mean age of the respondents was 27yrs (SD. ±7.092), the mode was 28yrs and the median 27yrs. The mean and median were near similar indicating that the respondents' age was distributed evenly across the study population. As indicated on table 4.1, most of the respondents were either 24yrs or below (which meant that they were in young adulthood) followed by those that were between 25 to 34yrs.

Table 4. 1: Respondents Socio-Demographic Profiles

Variable		Outcome 144/100%	
		Frequency (n)	Percentage (%)
Gender	Male	87	60.4%
	Female	57	39.6%
Marital Status	Single/ Never Married	96	66.7%
	Married	29	20.1%
	Widowed	9	6.3%
	Divorced	10	6.9%
Age (years)	≤24yrs	66	45.8%
	25-34 years	58	40.3%
	35-44 years	18	12.5%
	45-54 years	2	1.4%
Level of education	Primary	78	54.2%
	Secondary	62	43.1%
	College/ University	2	1.4%
Occupation Status	Employed	30	20.8%
	Unemployed	107	74.3%
	NR	7	4.9%
History of Mental Illness in Family	Yes	26	18.1%
	No	118	81.9%
History of Epilepsy/ seizures in Family	Yes	25	82.6%
	No	119	17.4%

Sixty-six point seven percent (66.7% (96)) were single while 20.1% (29) were married. Six point three percent 6.3 %(9) were widowed, 6.9% (10) were divorced.

Fifty-four point two percent (54.2% (78)) of the respondents had completed primary school, forty-three point one 43.1% (62) had completed secondary school education, and only 2 respondents had or were attending college.

Most of the respondents 74.3% (107), were unemployed while twenty point eight percent (20.8%(59) were either employed or self-employed. Sixty-four point six percent indicated that they were unemployed because of the primary condition- epilepsy/ seizures.

Eighteen point one percent (18,1% (26) of the respondents indicated that they had history of mental illness in their family while 17.4% (25) of them indicated that they had history of epilepsy in their family.

4.3 Comorbid Psychiatric Conditions

The study found that most of the respondents were suffering from affective disorders. Forty-three point eight percent (43.8%, (63), were having depression or depression with melancholic feelings. Two point eight percent (2.8% (4) of the respondents had bipolar disorders. Seven point six (7.6% (11), were suffering from Dysthymia while 5.6% (8) respondents had recurrent psychotic episodes. Six point nine percent (6.9%) of the respondents had suicidal ideations or suicidal intent while 4.9% (7) had suicidal behavior disorder. The latter was assessed by the frequency of suicidal attempts the respondents had prior to the study.

It is important to note that some respondents had other psychiatric comorbidities. It was notable that the most prevalent psychiatric comorbidity was suicidality which was reported by 18.8% (27) of the respondents who had been diagnosed either with depression, dysthymia, bipolar or psychosis.

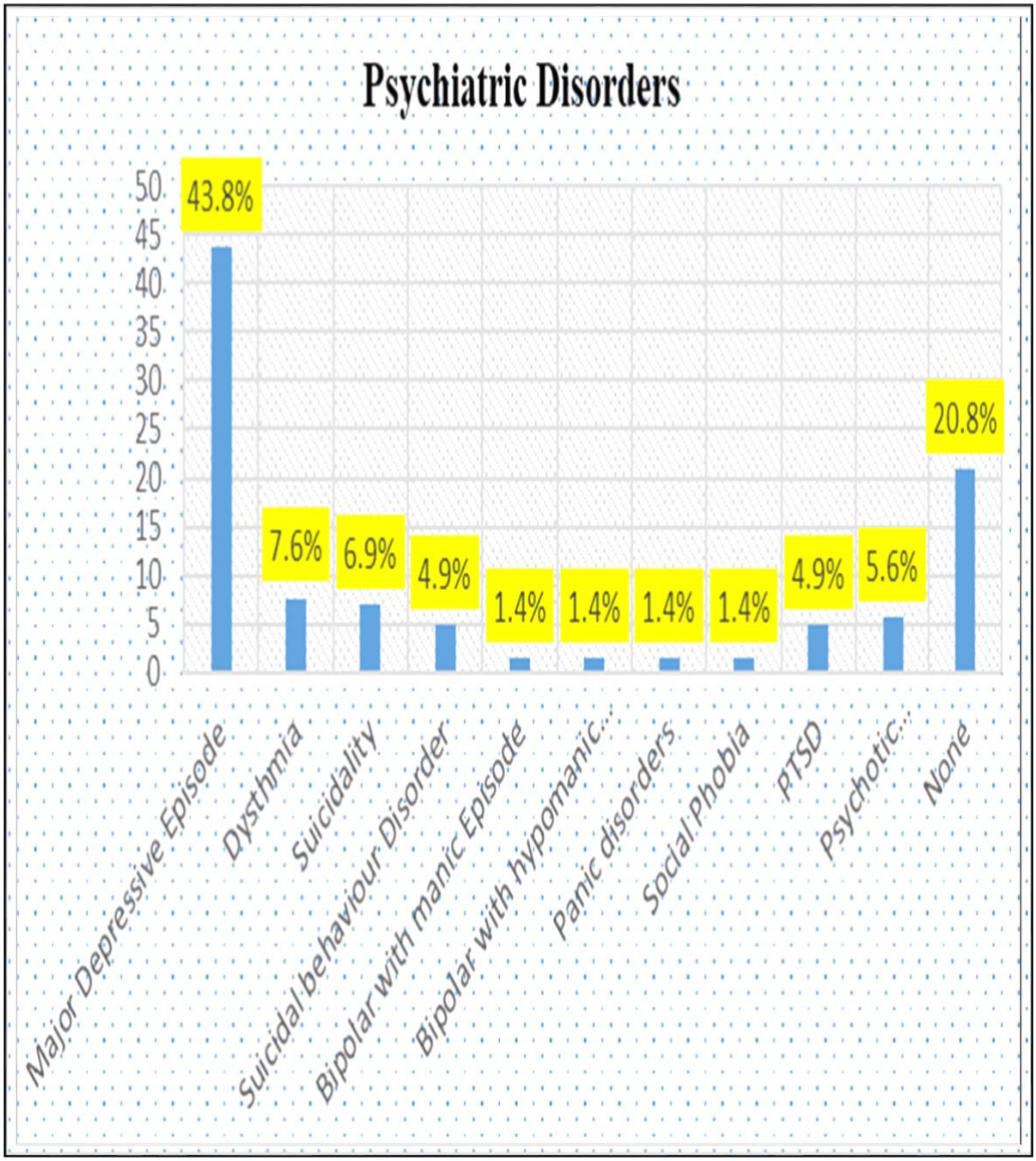


Figure 4. 1: Psychiatric comorbidities in Epileptic Patients

4.4 Prevalence of Psychiatric Comorbidities

As shown in Figure 4.2, the prevalence of the psychiatric comorbidities was 79.2% (114). Twenty point eight percent (20.8% (30) respondents did not have any psychiatric disorders.

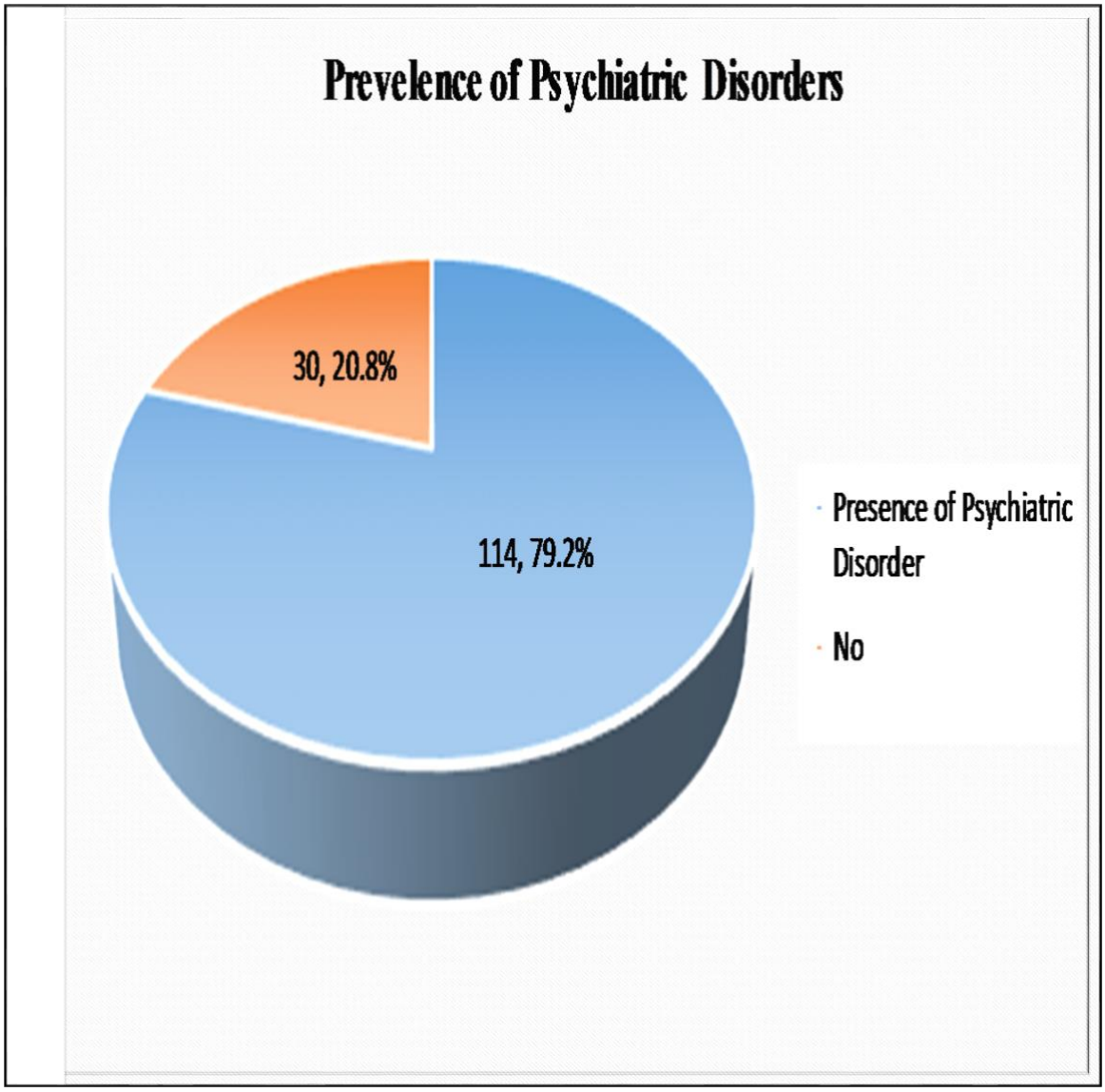


Figure 4. 2: Overall Prevalence of Psychiatric comorbidities

4.5 Association between Socio-demographic Factors and Psychiatric Disorders

To establish association between socio-demographic factors and psychiatric comorbidities, the Pearson chi square test was done. Correlations between non-binominal categorical variables was established using crammer's phi coefficient. This statistic measures the strength of relationship and effect of independent variable on dependent variables. Cramer's Phi Coefficient test was carried out for significantly associated variables only. For binominal variables, correlations was determined using phi

coefficient, which determines the direction of linear relationship between variables. This was done even for non-significantly associated binominal variables.

Table 4. 2: Association & Correlation statistics between Sociodemographic Factors & Prevalence of Psychiatric Disorders

Variable		Presence of Psychiatric Disorders		Pearson's Chi Square (P Value)	Phi – Coefficient (φ)	Correlation statistics (Cramer's V)
		Yes	No			
Gender	Male	61(43.0%)	24(16.9%)	$X^2=9.703$ *Df=1* *P=0.002*	*-0.261*	
	Female	53(37.3%)	4(2.8%)			
Marital Status	Married	23(16.2%)	4(2.8%)	$X^2=6.768$ *Df=3* *P=0.080*		
	Single	72(50.7%)	24(16.9%)			
	Widowed	9(6.3%)	0(0.0%)			
	Divorced	10(7.0%)	0(0.0%)			
Level of education	Primary	67(47.9%)	11(7.9%)	$X^2=10.179$ *Df=2* *P=0.006*		*0.270*
	Secondary	47 (33.6%)	13(9.3%)			
	College/University	0(0.0%)	2(1.4%)			
Occupation	Employed	30(22.2%)	0(0.0%)	$X^2=7.105$ *Df=1* *P=0.008*	*0.229*	
	Unemployed	84(62.2%)	21(15.6%)			
Family History of Mental Illness	No	92(64.8%)	26(18.3%)	$X^2=2.365$ *Df=1* *P=0.124*	*-.129*	
	Yes	22(15.5%)	2(1.4%)			
Family History of Epilepsy	No	93(65.5%)	26(18.3%)	$X^2=2.106$ *Df=1* *P=0.147*	*-.122*	
	Yes	21(14.8%)	2(1.4%)			

As indicated in Table 4.2, gender was significantly associated with psychiatric comorbidities at a p= 0.002. More female respondents seemed to be suffering from psychiatric comorbidities. Out of 57 females, 53 (93.0%) were suffering from a comorbid psychiatric disorder. While 70% of the male respondents were diagnosed with psychiatric disorders.

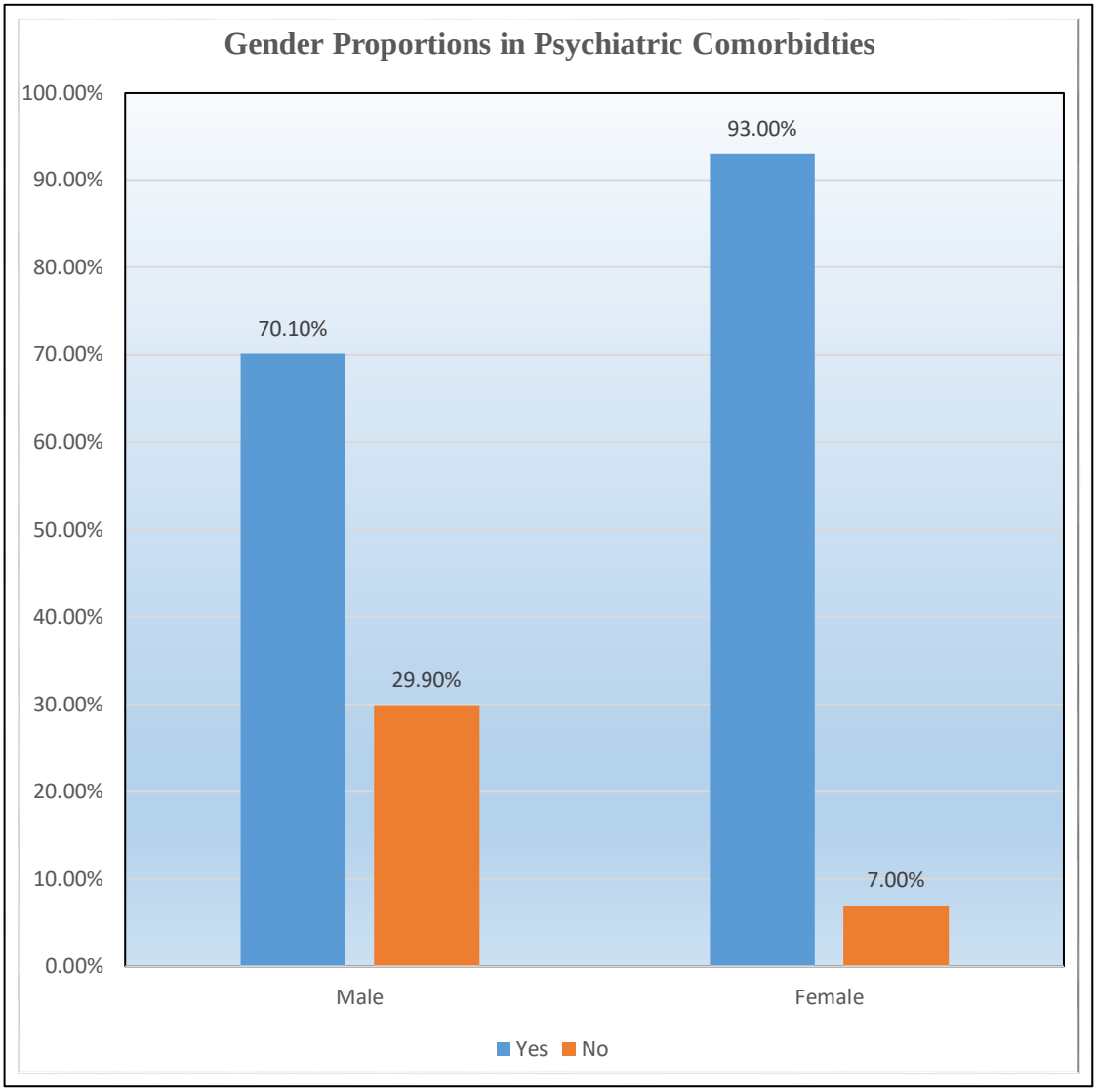


Figure 4. 3: Gender* psychiatric comorbidity

The direction of the relationship between gender and psychiatric comorbidities was negative at a (φ)= -0.261. This meant that if the number of male respondents continued to increase, then there was a possibility that more would not be suffering from psychiatric comorbidity.

The level of Education was also significantly associated with psychiatric comorbidity at *p*= 0.006. Generally, individuals with very low education levels seemed to have psychiatric comorbidity.

The Crammer's V =0.270, hence implying that the impact of the level of education on having a psychiatric comorbidity was moderate.

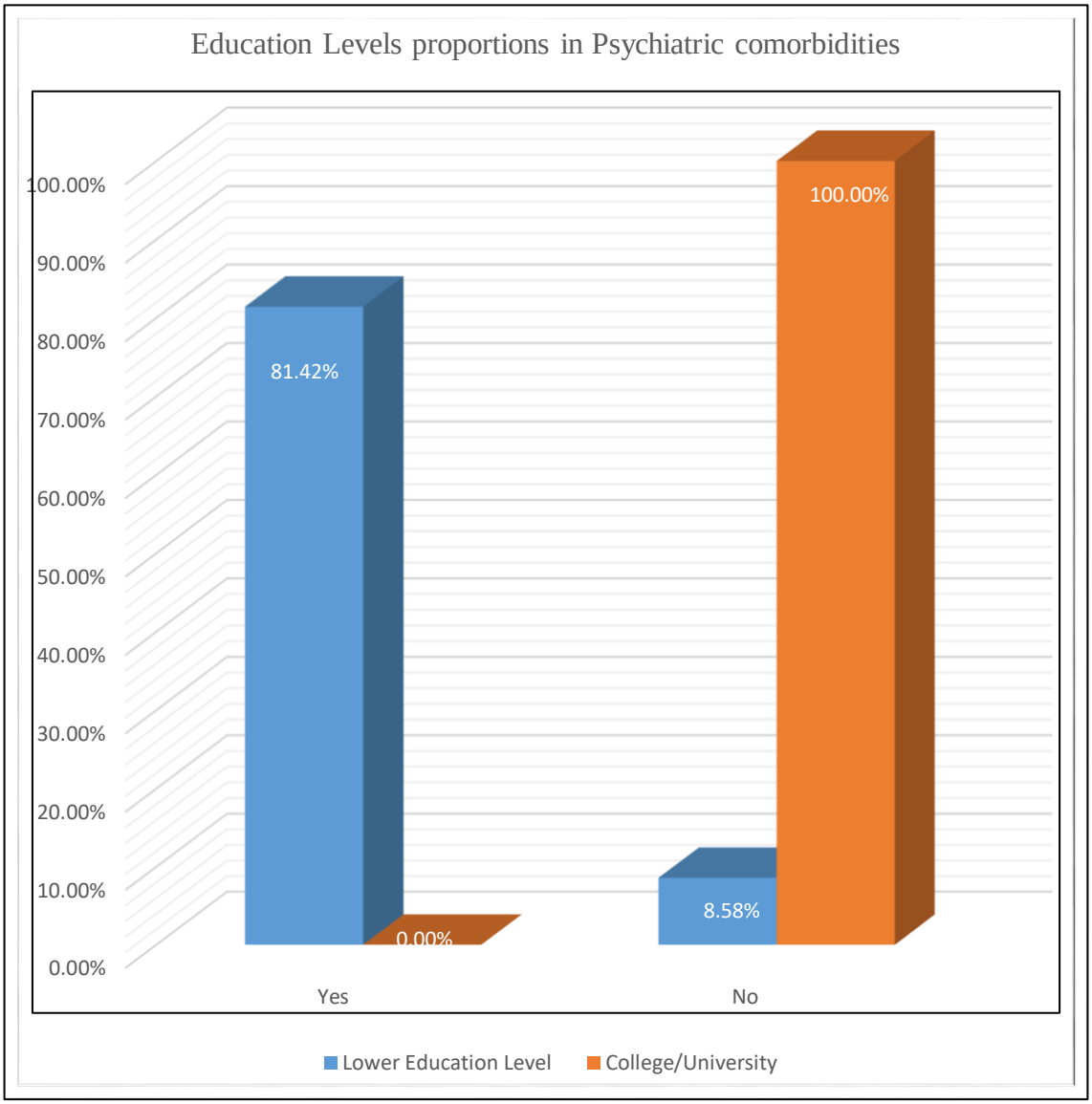


Figure 4. 4: Education Level* psychiatric comorbidity

Occupation was significantly associated with psychiatric comorbidities at a *p*= 0.008. All the employed respondents seemed to be suffering from psychiatric comorbidities.

The direction of the relationship between occupation and psychiatric comorbidities was positive at a (φ)= 0.229. This meant that if the number of employed respondents

continued to increase, then there was a possibility that more would be suffering from psychiatric comorbidity.

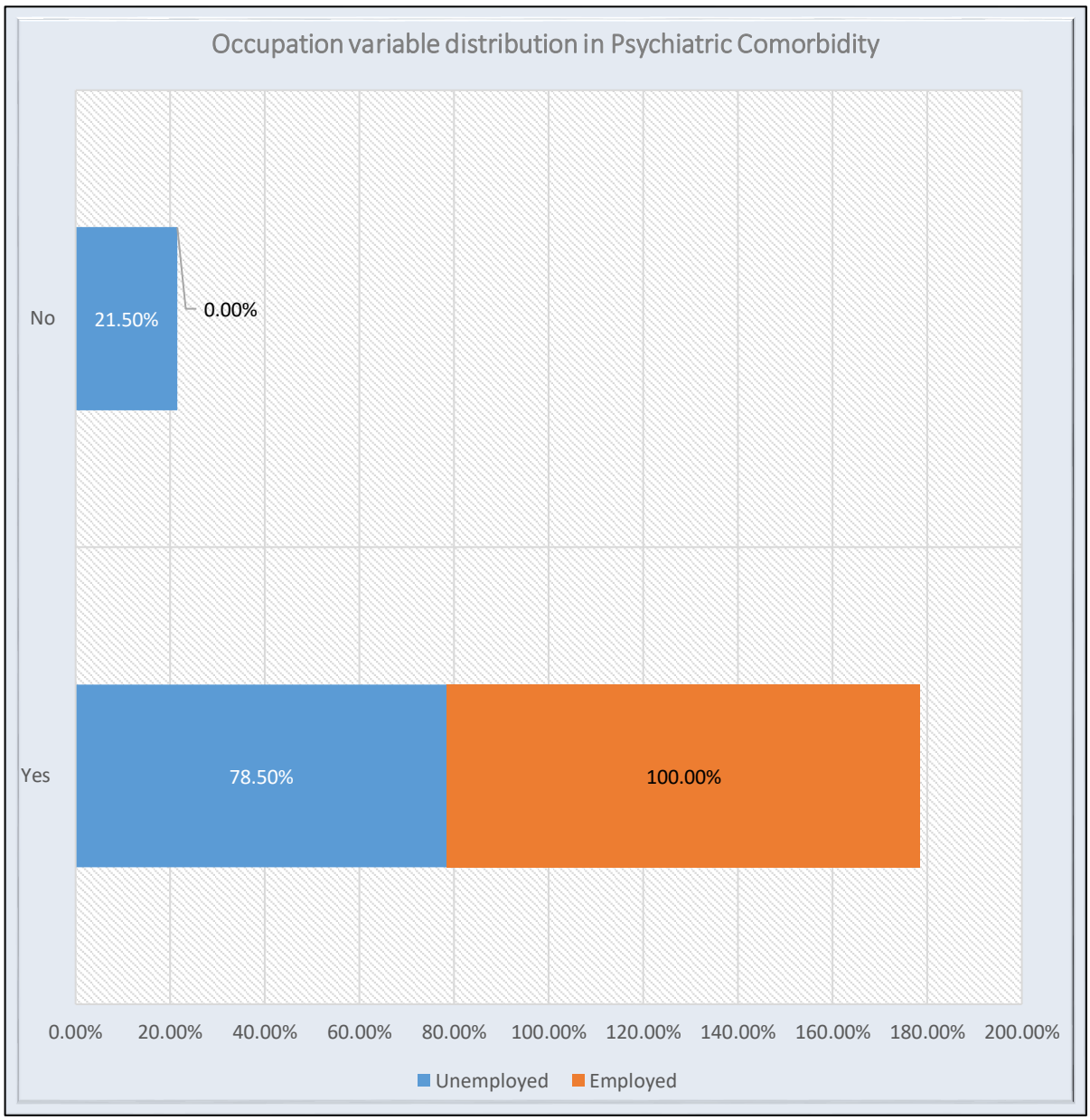


Figure 4. 5: Occupation* psychiatric comorbidity

There was no association between family history of mental illness or family history of epilepsy and development of comorbid psychiatric conditions. However, there was a negative linear relationship at (φ)= -0.129 and -0.122 respectively. This meant that if mental illness history continued to be absent then chance of finding psychiatric

comorbidities would be lower. The same conclusion would be reached while looking at a relationship between History of epilepsy and psychiatric comorbidities.

4.6 Binary Logistic Regression to Determine the Predictors of developing Psychiatric Comorbidities

Multiple Binominal/Binary logistic regression was performed to ascertain the effects of socio-demographic factors on the likelihood that participants will develop psychiatric disorders. The sample size was adequate and therefore the effect of leaving in insignificant variables was negligible. It is also important to show that insignificant variables are indeed insignificant). The Wald chi square test was used to determine statistical significance for each of the independent variables. Table 4.3 below indicates that; education of the respondents (p = 0.023), added significantly to the model/prediction.

Table 4. 3: Binary logistic regression to determine the predictors of Psychiatric Comorbidities

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Gender	.409	1.056	.150	1	.699	1.505
Age2	-.099	.071	1.932	1	.165	.905
Marital	-.478	.707	.457	1	.499	.620
Education	1.984	.871	5.183	1	.023	7.271
Occupation	20.051	6824.021	.000	1	.998	510727650.709
History of Mental illness	-21.034	22035.159	.000	1	.999	.000
History of epilepsy	1.936	22387.557	.000	1	1.000	6.933
Constant	-42.042	13648.043	.000	1	.998	.000

Variable(s) entered on step 1: gender, age2, marital, education, occupation, history of mental illness , history of epilepsy.

CHAPTER 5: DISCUSSIONS, CONCLUSION & RECOMMENDATIONS

5.1 Discussions

5.1.1 Respondents' Significant Socio-demographic Profiles

Some of the significant socio-demographic findings from the study was that most of the respondents who attended the outreach clinic on Tuesday were male (60.4%) compared to the females. This finding was in line with the common finding that generally the female population is associated with lower chances of developing epilepsy compared to male gender (Djibuti & Shakarishvili, 2003). Another finding that stood out amongst the study population in Kenya was that majority of them were single. This study finding have been reported in other studies, in a study that looked into the stigma of epilepsy and its impact on marriage, it was reported that the marital rate among epileptic persons was 27.3% and the divorce rate was 54.8% (Riasi, Sanati, & Ghaemi, 2014). Another plausible explanation of this current study findings on marital status is that, most of the respondents were between the ages of 18 to 24yrs (young adulthood) and majority were male who tend to marry slightly after this age criterion in Kenya. The United Nations World Fertility Report 2012, reported that the average age of men entering their first marriage was 24.8yrs as opposed to women's 20 yrs (UN, 2013).

Low levels of education seemed to be a predominant and significant factor among this study population. Actually, the multiple regression analysis in this study found that levels of education predicted psychiatric comorbidities in epileptic patients. This also justifiably explained the fact that most of the respondents 74.3% (107), were unemployed. These findings were again similar to what Djibuti & Shakarishvili (2003), found in their study in Georgia, where only 39.1% had some university education; 82.6% were unemployed. Their study included 115 adult epileptic patients. However, our study findings in this current study were to be expected as the study was done amongst

individuals living in a low income area which is characterized by high levels of poverty. According to the multi-dimensional poverty index (MPI) which measures poverty in three dimensions, it is defined as *deprivation of* health, education and living standards (Alkire & Santos, 2014 & Gulyani, Bassett, & Talukdar, 2014).

Comparatively, in a study that was done in Sao Paulo, Brazil among epileptic patients, it was found that contrary to this current study finding, more females were epileptic(52.3%) (de Almeida Souza, Fonseca, & Carvalho, 2013). However, the difference was not very significant. Most the respondents were also married but considering the age criteria of majority of their respondents which was an average of 43.86yrs, it was expected. A major difference between this Kenyan study and the Brazilian study referred here was the occupation situation. For the Sao Paulo study, it was reported that (21.6%) patients were on leave or retired, 52 (43.3%) worked, 24 (20.0%) were students or housewives and 18 (15%) were unemployed, basically majority worked (de Almeida Souza, Fonseca, & Carvalho, 2013). Some of the similarity the study shared with this current Kenya study was that the onset of epilepsy for the Sao Paulo study was determined as an average of 22.19years. The Kenyan population was mostly between the age of 18 to 24yrs also indicating that the onset of the epilepsy was about the same age.

5.2 Psychiatric Comorbidities Among Epileptic Patients

The study found that among the adult epileptic patients that attended the Mathari out reach Clinic, the prevalence of the psychiatric comorbidities was 79.2%. Though this study established a considerably higher prevalence rate (than in the other subsequent reviewed studies in this discussion), it is a common finding in most of the studies that have been done on the same population globally. This current study found that most of

the respondents also suffered from depression and that suicidality was quite prevalent. Similarly, Josephson & Jetté (2017), also found that affective psychiatric comorbidities including mood, anxietydisorders were prevalent among these group of respondents. Actually in a study that explored the causality effect of psychiatric disorders on emergence of epilepsy and in this case looked at depression and its management as a possible trigger of epileptic seizures, found that, there was a common underlying pathophysiological mechanisms (Colin, Lowerison, & Vallerand, 2017). This conclusion was made from the fact that the researchers found that patients that had previously been treated for depression and later developed seizures had poor epileptic outcomes suggesting severity of depression could predict severity of epilepsy. Josephson & Jetté (2017), also reported that psychotic disorders, as common in epilepsy. The researchers found that psychiatric disorders were more at rates 2-3-fold or higher among this population than in the general population without epilepsy.

In a hospital based cross sectional study on comorbid psychiatric problems in persons with epilepsy from north eastern part of India, it was reported 50% of the epileptic patients had psychiatric comorbidities (Sajjadur, Kamal, & Aparajeeta, 2017). The researcher reported that Depression (18%), Psychosis (14%) and Anxiety Disorders (11%), were the most commonly found psychiatric morbidities amongst their study population. Presence of partial seizures, frequent seizures, long duration of epilepsy and poor compliance to antiepileptic drug were significantly associated with presence of psychiatric comorbidity in persons with epilepsy. This current study did not explore plausible causes of the comorbidity except family history of mental illness or history of epileptic seizures which were found not to be significantly associated with presence of psychiatric comorbidity.

In another study that was done by the Brown Medical School, Rhode Island Hospital, Departments of Psychiatry and Neurology, which looked at psychiatric comorbidities in epilepsy, it was reported that psychiatric disorders can be identified in 25-50% of patients with epilepsy, with higher prevalence among patients with poorly controlled seizures (LaFrance, Kanner, & Hermann, 2008). The researchers found that like other studies, the most common psychiatric morbidity among epileptic patients was depression, anxiety, psychotic disorders, cognitive, and personality changes occurring in the inter ictal or ictal/postictal states.

As mentioned, the study also established that suicidal ideation and suicidality was found to be quite prevalent in this current study. Similar finding have been reported from other studies that compared the suicidal rates with a general population. In a recent study that was done in the UK to estimate the magnitude of the association between attempted suicide and epilepsy by comparing a first suicide attempt and a second suicide attempt, the researchers found that epileptic persons were 2.9 times more likely to try to commit suicide even before their first epileptic seizures and 1.8times more likely to try again after their first episode (Hesdorffer, et al., 2016). The study concluded that Suicide attempts and recurrent suicide attempts are associated with epilepsy even before epilepsy manifests, suggesting a common underlying biology.

In a study that was done in Denmark among individuals with epilepsy, it was reported that those with a comorbid affective disorder were at higher risk of committing suicide or attempting suicide (Christensen, Vestergaard, Mortensen, Sidenius, & Agerbo, 2007). The researchers reported that the risk of suicide was 42times more likely to happen among those with affective disorders while it was 12 times more likely to occur amongst epileptic patients with psychotic disorders.

In a Swedish study that focused on premature mortality in epileptic patients and particularly the impact that psychiatric comorbidity had in increasing this risk, it was reported that it was 11 times more frequent among epileptics than among the general population (Fazel, Wolf, Langstrom, .Newton, & Lichtenstein, 2013). Among all deaths, 15.8% were attributed to external causes, which included death by suicide, and accidents. Amongst the 75% of people with epilepsy in this study who died from external causes were found to suffer from one or more psychiatric comorbidities, mainly depression and drug misuse (Fazel et al., 2013).

The paucity of data from Africa makes a comparitive analysis of the regions situation regarding this topic difficult.

5.3 Conclusion

Clearly, the prevalence of psychiatric comorbidities among epileptic patients in Kenya is high. Psychiatric conditions including mood, anxiety, and psychotic disorders, are common among this population compared to the general population and this is indeed predictive of their quality of life. Psychiatric comorbidities are also associated with higher suicidal intent or ideations and it is therefore critical to establish whether there is evidence of suicidal intent in epileptic patients. As for socio-demographic factors, gender, education levels and employment situation were found to be associated with psychiatric comorbidities in epileptic patients. Though education level was determined as a predictive variable of this comorbidity, the probability of this variable being more of a consequence of the disorder (having causality effect) should be explored.

5.4 Recommendation

The study recommends that

1) Regular screening for the past and current comorbid psychiatric disorders needs to be incorporated into the evaluation of every person with epilepsy. Therefore, clinical assessment which includes obtaining patients family history of mental illness should be included in management.
2) Management of comorbid psychiatric conditions like depression and anxiety is important to improve the quality of life of the epileptic patients.
3) It is important to evaluate epileptic patients for suicidal ideation and suicidality for better holistic management of the disorders. The clinics could include the Becks Suicidality index, Becks depression Index or the Patient Health Questionnaire (PHQ 2 and 9) to help assess for the affective comorbidities.
4) Psycho-education of patients of the likelihood of psychiatric comorbidities is also important because it enables them to seek help as needed.
5) Continued education for clinicians on the psychiatric comorbidities in epilepsy is also very important for better management of their patients. This should be considered and fostered by the stakeholders who are the ministry of health and hospital management teams.

5.5 Suggestions for Further studies and Limitations.

This study established that more females were diagnosed with epilepsy than males. This is despite the fact that male gender is generally associated with higher prevalence of epilepsy or psychiatric comorbidities. Gender is just one factor that was assessed and of which contrary results were reported from an African set up (Kenya). Being that this is a baseline study on this topic, more epidemiological studies should be done to determine concretely what predictive factors are associated with psychiatric comorbidities in epilepsy.

The study also established that unemployment and low education was a signifinant correlate to the development of psychiatric co-morbidities. Being that this is a baseline study, further studies to establish whether low education is related to epilepsy, and whether epileptic patients have higher levels of unemployment than the average Kenyan.

The scope of the study which was epileptic patients visiting the Mathari outpatient psychiatric Clinic at Kariobangi was also a limitation. This makes it difficult to infer the study findings to a wider population of epileptic patients in Kenya. Another study done at a neurological clinic could give a clearer picture of psychiatric comorbidities among epileptic patients.

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APPENDICES

Appendix 1: Informed Consent Explanation

TITLE OF STUDY: Psychiatric Comobordities Among Epileptic Patients attending the Mathari outreach psychiatric clinic in Kariobangi .

PRINCIPAL INVESTIGATOR AND INSTITUTIONAL AFFILIATION: Dr. Gloria Sane MMED Psychiatry, University of Nairobi.

INTRODUCTION:

The researcher is conducting a study on the topic above. The purpose of this consent form is to give you the information you will need to help you decide whether or not to be a participant in the study. Feel free to ask any questions about the purpose of the research, what happens if you participate in the study, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions to your satisfaction, you may decide to be in the study or not. This process is called "informed consent". Once you understand and agree to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in a medical research:

i) Your decision to participate is entirely voluntary

ii) You may withdraw from the study at any time without necessarily giving a reason for your withdrawal

iii) Refusal to participate in the research will not affect the services you are entitled to in this health facility or other facilities. We will give you a copy of this form for your records.

May I continue? YES/ NO

This study has approval by The Kenyatta National Hospital–University of Nairobi Ethics and Research Committee protocol No. _____

WHAT IS THIS STUDY ABOUT?

The researcher listed above is interviewing adult epileptic patients to determine if they also suffer from psychiatric disorders. Participants in this research study will be asked questions about their psychological wellness among other questions that will focus on the demographic factors.

There will be approximately 160 participants in this study randomly chosen. We are asking for your consent to consider participating in this study.

WHAT WILL HAPPEN IF YOU DECIDE TO BE IN THIS RESEARCH STUDY?

If you agree to participate in this study, the following things will happen:

You will be interviewed by the researcher who is a Doctor in a private area(designated office at the Clinic) where you feel comfortable answering questions. The interview will last approximately 15 minutes.

After the interview is done, the psycho education and probably treatment will be accorded as per diagnosis. Referral for psychotherapy could be done.

We will ask for a telephone number where we can contact you if necessary. If you agree to provide your contact information, it will be used only by people working for this study and will never be shared with others. The reasons why we may need to contact you include: clarification of information given.

ARE THERE ANY RISKS, HARMS, DISCOMFORT ASSOCIATED WITHTHIS STUDY?

Medical research has the potential to introduce psychological, social, emotional and physical risks. Effort should always be put in place to minimize the risks. One potential risk of being in the study is loss of privacy. We will keep everything you tell us as confidential as possible. We will use a code number to identify you in a password-protected computer database and will keep all of our paper records in a locked file cabinet. However, no system of protecting your confidentiality can be absolutely secure, so it is still possible that someone could find out you were in this study and could find out information about you.

Also, answering questions in the interview may be uncomfortable for you. If there are any questions you do not want to answer, you can skip them. You have the right to refuse the interview or any question asked during the interview.

It may be embarrassing for you to have to give details of your personal life. We will do everything we can to ensure that this is done in private. Furthermore, the researcher is a professional with special training in these examinations/interviews. Also, discussing your condition maybe stressful leading to emotional distress. Referrals for psychological review (counselling) will be done for emotional distress after treatment (for moderate to severe cases).

In case of any injury, illness or complications related to this study, contact the researcher right away at the number provided at the end of this document.

ARE THERE ANY BENEFITS BEING IN THIS STUDY?

Determining if you have a psychiatric illness will be helpful especially in improving your treatment plan hence better outcome and quality of life.

The information you will provide will be contribution to science and knowledge in understanding psychiatric comorbidities among epileptic patients and hence improve their level of care

WILL BEING IN THIS STUDY COST YOU ANYTHING?

There will be no financial cost to you as the data collection will be carried out during your clinic visit.

WILL YOU GET REFUND FOR ANY MONEY SPENT AS PART OF THIS STUDY?

As indicated above, you will not spend any money to take part in this study. Hence there will be no compensation.

WHAT IF YOU HAVE QUESTIONS IN FUTURE?

If you have further questions or concerns about participating in this study, please call or send a text message to the researcher at the number provided at the bottom of this page. The researcher will pay you back for your incurred costs related to communication.

For more information about your rights as a research participant you may contact the:

KENYATTA NATIONAL HOSPITAL-UNIVERSITY OF NAIROBI ETHICS AND RESEARCH COMMITTEE
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WHAT ARE YOUR OTHER CHOICES?

Your decision to participate in research is voluntary. You are free to decline participation in the study and you can withdraw from the study at any time without injustice or loss of any benefits.

Appendix 2: Statement of Consent

Participant's statement

I have read this consent form or had the information read to me. I have had the chance to discuss this research study with the researcher. I have had my questions answered in a language that I understand. The risks and benefits have been explained to me. I understand that my participation in this study is voluntary and that I may choose to withdraw any time. I freely agree to participate in this research study.
I understand that all efforts will be made to keep information regarding my personal identity confidential.

By signing this consent form, I have not given up any of the legal rights that I have as a participant in a research study.

I agree to participate in this research study:	Yes	No
I agree to have the questionnaire preserved for later study:	Yes	No
I agree to provide contact information for follow up:	Yes	No

Participant printed name: _____

Participant signature / Thumb stamp _____

Date _____

Researcher's statement

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has willingly and freely given his/ her consent.

Researcher's Name: _____

Date _____

Signature _____

Role in the study: _____

Appendix 3: Ridhaa Ya Kushiriki Kwa Utafiti

UTANGULIZI

Majina yangu ni Dkt. Gloria Sane, mimi ni mwanafunzi wa chuo kikuu cha Nairobi na waania shahada ya uzamili ya Psychiatri. Mada ya utafiti ni Psychiatric Comobordities Among Epileptic Patients attending the Mathari outreach psychiatric clinic in Kariobangi.

MADHUMUNI YA UTAFITI

Kuchunguza idadi au ujumla wa wangonjwa wanao ugonjwa wa akili pamoja na wakifafa katika kliniki wa ufikiaji unaofanywa na hospitali ya Mathare hapo kariobangi- Nairobi.

MAELEZO YA UTARATIBU WA UTAFITI

Umechaguliwa kama mshiriki mdhaniwa wa utafiti huu kwa sababu unakidhi vigezo vya kuingizwa vya utafiti huu yale yalikuwa. Nakuhimiza usome fomu hii na uulize maswali yoyote ambayo unaweza kuwa nayo kabla ya kukubali kuingia kwenye utafiti huu. Ni ya muhimu kutambua kuwa utafiti huu utachapishwa baada ya kukamilika.

Ikiwa unakubali kuwa katika utafiti huu, utaombwa kusaini fomu ya kibali kama uthibitisho wa hiari wa ushiriki. Baada ya kutia saini kwenye ridhaa, basi utaendelea kama mshiriki and kujazaa orodha ya maswali yatayo anadikwa kwenye karatasi tatu tofauti. Kujibu maswali hayo yote yatachukuwa kama muda wa dakika ishirini na tano.

HATARI, MADHARA NA USUMBUFU INAYOHUSISHWA NA UTAFITI HUU

Hakuna hatari, madhara na usumbufu wowote inayohusishwa na utafiti huu

FAIDA YANAYOHUSISHWA NA UTAFITI HUU

Faida inayohusishwa na utafiti huu ni kuwa mshiriki atapate kujua kama anaugonjwa mwingine yaw a akili isipokuwa huo wa kifafa. Hivyo basi matibabu kikamilifu yataanzishwa.

SIRI YAKO KAMA MSHIRIKI

Lakini tutahakikisha kuwa unacho tueleza kama mshriki itakuwa siri. Tutatumia msimbo kukujua kwenye data itakayokuwa kwa kompyuta ambayo imelindwa na neno la kificho. Isitoshe, makaratasi yetu yote yatawekwa na kufungiwa ndani ya kabati ya faili.

NITAREGESHEWA PESA AMBAYO NITATUMIA KAMA MSHIRIKI WA UTAFITI HUU?

LA, kama ilivyoelezewa, hautahitaji pesa kuhusishwa kwa utafiti huu.

HAKI YA KUULIZA MASWALI AMA KURIPOTI WASIWASI

Kama unamaswali zaidi ama wasiwasi yeyote kama bado utafiti unaendelea au baada ya kushiriki kwenye utafiti, tafadhali wasiliana nami kwa simu au unaweza tuma ujumbe kwenye nambari hii ya mtafiti au, unaweza wasiliana na karani/ Mwenya kiti, Kenyatta National Hospital-University of Nairobi Ethics and Research Committee.

KENYATTA NATIONAL HOSPITAL-UNIVERSITY OF NAIROBI ETHICS AND RESEARCH COMMITTEE

SECRETARY/ CHAIRPERSON,
Telephone No. 2726300 Ext. 44102,
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HAKI YA KUJITOA KWENYE UTAFITI

Uamuzi wako kushiriki ni kwa hiari yako. Uko na huru kukataa kuwa mshiriki wa utafiti huu. Unaweza kujitoa kama mshiriki wa utafiti huu wakati wowote bila udhalimu au upungufu wa faida yoyote kwako. Unahurusa kutokujibu swala lolote ama kujitoa kabisa kwenye utafiti wakati wowote ukiendelea na unaweza pia kataa majibu yako kutumika.

Appendix 4: Fomu Ya Ridhaa Ya Mshiriki

KAULI YA MSHIRIKI

Nimesoma fomu ya ridhaa hii ama nimesikiza maneno ambayo nimesomewa. Nimepata muda wa kujadiliana juu ya utafati huu na mshauri wa utafiti. Maswali yangu yamejibiwa kwa lugha ambayo ninaelewa. Nimeelezewa juu ya madhara na faida na ninaelewa kuwa kushiriki kwenye utafiti huu ni kwa hiari yangu na ninaweza kujitoa wakati wowote kama mshiriki. Ninakubali kuhisika na utafiti huu.

Ninaelewa kuwa watafiti watafanya juhudi na mikakati ambayo yatahakikisha kuwa mambo yangu(utambulisho) yatabaki kuwa siri.

Kwa kutia saini kwenye fomu hii, sijawapa au kukana haki zangu za kisheria ambayo ninazo kama mshiriki wa utafiti huu.

Nakubali kuwa mshiriki wa utafiti huu	Ndio	La
Nakubali kuwa dodoso yangu inaweza wekwa na kutumika Katika utafiti mwingine	Ndio	La
Nakubali kuwapa nambari yangu ya mawasiliano iliniweze Fuatiliwa virahisi	Ndio	La

Jina la Mshiriki: _____

Saini la Mshiriki / Kidole _____ Tarehe _____

Mtafiti

Mimi niliyepiga saini yangu hapa, nimemweleza mshiriki maneno yote muhimu juu ya utafiti huu na nina amini kuwa ameelewa na kuamua kwa hiari yake kuwa mshiriki wa utafiti huu.

Jina la Mtafiti: _____ Tarehe_____

Saini _____

Jukumu langu kwa utafiti huu: _____

Kwa maelezo zaidi, tafadhali wasiliana na Dkt. Gloria Sane kutoka saa mbili asubuhi hadi saa kumi na moja na nusu jioni (Jumatatu hadi Ijumaa).

Appendix 5: Socio-demographic Questionnaire

Respondent code…….
Date of questionnaire completion……
Instructions:*Please Tick one answer*

1. Gender?
a. Male
b. Female

2. What is your age?
a. 18-24 years old
b. 25-34 years old
c. 35-44 years old
d. 45-54 years old
e. 55 yrs +

3. What is your marital status?
a. Single, never married
b. Married or domestic partnership
c. Widowed
d. Divorced
e. Separated

4. How many children do you have? Please indicate.....

5. What is the highest level of education you have completed?
a. Primary school or less.....
b. High school graduate or GED.....
c. Some college/AA degree/Technical school training.....
d. College graduate (BA or BS).....
e. Graduate school degree: Master's or Doctorate degree (MD, PhD, And JD).....
f. No education

6. Occupation?
a. Employed
b. Unemployed

If Unemployed, is it because of the seizures?.....

7. If employed; Check the box that best corresponds to your current work situation. (Indicate "Yes" or "No" for each question.)
a. Working full time.....
b. Working part time.....

8. Estimated Family income?.....

(Indicate "Yes" or "No" for each question.)

9. Any Family history of Mental Illness?.....
10. Any Family history of Epilepsy?.....
11. When were you first diagnosed with Epilepsy?.....(Age)
12. Do you attend clinic and take medication as required?.....(Yes/ No)

Appendix 6: Maneno Ya Kijamii Na Idadi

Kodi ya Mshiriki…….

Tarehe ya kukamilisha Maswali ……

1. Jinsia
   a) Kike
   b) Kiume

2. Unamiaka mingapi?.....

3. Hali yako ya ndoa ni nini?

(Jibu Moja)

a) Kamwe Hujao
b) Umeoa
c) Mjane
d) Umetalakiwa
e) Umetengena kwa ndoa

4. Una watoto wangapi? Tafadhali eleza.....

5. Ni kiwango gani cha juu cha elimu uliyokamilisha?

(Jibu Moja)

a) Chini ya shule ya Msingi au Shule ya Msingi.....
b) Shule ya Sekondari.....
c) Chuo kikuu /chuo cha elimu(haujamaliza).....
d) Zaidi ya shahada ya kwanza (MD, PhD, And JD).....
e) Hakuna elimu rasmi
f) Umekataa kujibu

6. Je, unafanya kazi kwa kulipa nje ya nyumba?

(Jibu Moja)

a) Ndio
b) La

7. Angalia sanduku ambalo linalingana na hali yako ya sasa ya kazi.

(Onyesha "Ndiyo" au "Hapana" kwa kila swali.)

a) Kufanya kazi wakati wote
b) Kufanya kazi wakati mmoja

8. Nini kipato chako cha jumla cha familia kwa miezi 12 iliyopita, kabla ya kodi, kutoka kwa vyanzo vyote, mshahara, msaada wa umma / faida, msaada kutoka kwa jamaa, alimony, na kadhalika? Ikiwa hujui mapato yako halisi, tafadhali tathmini.....

(jaza “Ndio” or “Hapana” kwa kila swali

9. Historia ya mtu yeyote kwa familia kupatikana na ugonjwa wa akili?.....
10. Historia ya mtu yeyote kwa familia kupatikana na ugonjwa wa kifafa?.....
11. Ulitibiwa ugonjwa wa kifafa kwa mara ya kwanza ukiwa na miaka mingapi?.....
12. Je, unafwata maagizo ya kumeza dawa vilivyo na kuenda kliniki unapo hitajika kuenda?.....(Ndio/Hapan

Appendix 7: The Mini International Neuropsychiatric Interview

M.I.N.I.

Mini International Neuropsychiatric Interview
English Version 5.0.0

DSM-IV

Y. Lecrubier, E. Weiller, T. Hergueta, P. Amorim, L.I. Bonora, J.P. Lépine
Hôpital de la Salpétrière - Paris - FRANCE.

D. Sheehan, J. Janavs, R. Baker, K.H. Sheehan, E. Knapp, M. Sheehan
University of South Florida - Tampa - USA.

PATIENT'S NAME : _____	*PROTOCOL NUMBER :* _____
JINA LA MGONJWA: _____	*NAMBA YA PROTOKALI:* _____
DATE OF BIRTH : _____	*Time Interview Began :*
TAREHE YA KUZALIWA: _____	_____
	Muda wa Kuanza Usaili : _____
INTERVIEWER'S NAME : _____	*Time Interview Ended :*
JINA LA MSAILI : _____	_____
	Muda wa Kumaliza Usaili : _____
DATE OF INTERVIEW : _____	*TOTAL TIME :* _____
TAREHE YA USAILI : _____	*MUDA ULIOTUMIKA :* _____

M.I.N.I. 5.0.0 / **English version** / **DSM-IV** / **current**

MODULES VIHUNZI HURU	TIME FRAME MUDA	
MAJOR DEPRESSIVE EPISODE A. TUKIO LA SONONA	Current (past 2 weeks) + Lifetime Kwa sasa(wiki 2) +siku za nyuma	
A'. MDE with melancholic features TUKIO LA SONONA lenye uzito wa moyo(hiari)	Current (past 2 weeks)	Optional
DYSTHYMIA B. DISTHIMIA	Current (past 2 years)	
SUICIDALITY C. HALI YA KUTAKA KUJIUA	Current (past month)	
(HYPO) MANIC EPISODE D. TUKIO LA MANIA (KICHAA KIDOGO)	Current + Lifetime	
PANIC DISORDER E. UGONJWA WA KUHOFIA KILA WAKATI	Lifetime + current (past month)	
AGORAPHOBIA F. UOGA WA NAFASI ZA WAZI	Current	
SOCIAL PHOBIA G. UOGA WA MKUSANYIKO WA WATU	Current (past month)	
OBSESSIVE-COMPULSIVE DISORDER H. UGONJWA WA MAJINUNI LAZIMISHO	Current (past month)	
POSTTRAUMATIC STRESS DISORDER UGONJWA WA SHIDA YA MAFIKIRA/ MKAZO YANATOKEA BAADA YA MATUKIO MABAYA	Current (past month)	Optional
ALCOHOL DEPENDENCE / ABUSE KUTAWALIWA NA POMBE / MATUMIZI MABAYA YA POMBE	Current (past 12 months)	

DRUG DEPENDENCE / ABUSE (Non-alcohol) KUTAWALIWA / MATUMIZI MABAYA YA MADAWA YA KULEVYA (isiyo pombe)	Current (past 12 months)	
PSYCHOTIC DISODERS L. MAGONJWA YA SAIKOSIS	Lifetime + Current	
ANOREXIA NERVOSA	Current (past 3 months)	
M. UGONJWA WA TAFSIRI YA MAUMBILE BINAFSI UNAOHUSIANA NA KUTOKULA BULIMIA NERVOSA	Current (past 3 months)	
N. UGONJWA WA TAFSIRI YA MAUMBILE BINAFSI UNAOHUSIANA NA KULA MNO NA KUJILAZIMISHA KUTAPIKA GENERALIZED ANXIETY DISORDER	Current (past 3 months)	
O. UGONJWA WA WASIWASI MKUBWA ISIYO HUSISHWA NA CHOCHOTE HASWA ANTISOCIAL PERSONALITY DISORDER	Lifetime	Optional
P. UGONJWA WA MAKUZI YA HULKA NA TABIA ZINAZOPINGANA NA JAMII		

GENERAL INSTRUCTIONS

The M.I.N.I. was designed as a brief structured interview for the major Axis I psychiatric disorders in DSM-IV and ICD-10. Validation and reliability studies have been done comparing the M.I.N.I. to the SCID-P and the CIDI. The results of these studies show that the M.I.N.I. has acceptably high validation and reliability scores, but can be administered in a much shorter period of time (mean 18.7 ± 11.6 min., median 15 min.) than the above referenced instruments. It can be used by clinicians, after a brief training session. Lay interviewers require more extensive training.

Interview :

In order to keep the interview as brief as possible, inform the patient that you will conduct a clinical interview that is more structured than usual, with very precise questions about psychological problems which requires a yes or no answer.

General format :

The M.I.N.I. is divided into modules identified by letters, each corresponding to a diagnostic category.
At the beginning of each module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a gray box.
At the end of each module, diagnostic box(es) permit(s) the clinician to indicate whether the diagnostic criteria are met.

Conventions :

Sentences written in « normal font » should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.
Sentences written in « CAPITALS » should not to be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.
Sentences written in « bold » indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.
Sentences (in parentheses) are clinical examples of the symptom .These may be read to the patient to clarify the question.
Answers with an arrow above them (➔) indicate that one of the criteria necessary for the diagnosis (es) is not met. In this case, the interviewer should go to the end of the module, to circle « NO » in all the diagnostic boxes and move to the next module.
When terms are separated by a *slash (/),* the interviewer should read only those symptoms known to be present in the patient (for example, question A3).

Rating instructions:

All questions read must be rated. The rating is done at the right of each question by circling either YES or NO.
The clinician should be sure that each dimension of the question is taken into account by the patient (i.e.: time frame, frequency, severity, « and/or » alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the M.I.N.I.. The M.I.N.I. Plus has questions that investigate these issues.

For any questions, suggestions, need for a training session, or information about updates of the M.I.N.I., please contact :

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MAJOR DEPRESSIVE EPISODE
TUKIO LA SONONA

A1	Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks ? Je, ulishawahi kukosa raha muda mwingi wa siku, karibu kila siku, kwa muda wa wiki mbili zilizopita?	NO HAPANA	YES NDIYO	1 1
A2	In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time ? Katika wiki mbili zilizopita, je, umekosa hamu/ari katika vitu vingi au kukosa raha kwa muda mwingi katika vitu vilivyokuwa vikikufurahisha ?	NO HAPANA	YES NDIYO	2 2
	➔			
	IS A1 OR A2 CODED YES ? JE, KIPENGELE A1 AU A2 KIMEJIBIWA NDIYO?	NO HAPANA	YES NDIYO	
A3	Over the past two weeks, when you felt depressed and/or uninterested : Katika kipindi cha wiki mbili zilizopita, ulipojisikia kukosa raha na / au kutokuwa na ari:			
A	Was your appetite decreased or increased nearly every day or did your weight decrease or increase without trying intentionally ? (i.e., ± 5 % of body weight or ± 3,5 kg or ± 8 lbs., for a 70 kg / 120 lbs. person in a month) Je, hamu yako ya kula ilipungua au kuongezeka, karibu kila siku? Uzito wako ulipungua au uliongezeka bila wewe kukusudia? (yaani ± 5 % ya uzito wako au kg. 3.5 katika mwezi) IF YES TO EITHER, CODE YES IWAPO JIBU NI NDIYO KWA LOLOTE, JAZA NDIYO	NO HAPANA	YES NDIYO	3 3
B	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening, or sleeping excessively) ?	NO	YES	4

	Je, ulipata shida ya usingizi karibu kila siku? (tabu ya kupata usingizi, kukatika usingizi katikati ya usiku, kuamka mapema sana, au kulala mno)	HAPANA	NDIYO	4
C	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still, almost every day?	NO	YES	5
	Je, ulikuwa ukiongea au kutembea pole pole zaidi kuliko kawaida yako, au ulikuwa na hali ya kutotulia, au kuwa na tatizo la kukaa kwa utulivu karibu kila siku?	HAPANA	NDIYO	5
	Did you feel tired or without energy, almost every day?	NO	YES	6
D	Je, ulijisikia mchovu au kutokuwa na nguvu karibu kila siku?	HAPANA	NDIYO	6
	Did you feel worthless or guilty, almost every day?	NO	YES	7
E	Je, ulijisikia huna thamani au kuwa na hali ya kujilaumu karibu kila siku?	HAPANA	NDIYO	7
	Did you have difficulty concentrating or making decisions, almost every day?	NO	YES	8
F	Je, ulikuwa na matatizo ya kuwa makini au kufanya maamuzi karibu kila siku?	HAPANA	NDIYO	8
	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?	NO	YES	9
G	Je, mara kwa mara ulifikiria kuhusu kujiumiza, au kutaka kujiua, au bora ufe?	HAPANA	NDIYO	9

		NO	YES
A4	ARE 3 OR MORE A3 ANSWERS CODED YES ? (OR 4 A3 ANSWERS IF A1 <u>OR</u> A2 ARE CODED NO) JE, VIPENGELE 3 AU ZAIDI VYA A3 VIMEJIBIWA NDIYO? (AU MAJIBU 4 YA A3 IKIWA AI <u>AU</u> A2 VIMEJIBIWA HAPANA)	HAPANA	NDIYO *MAJOR DEPRESSIVE EPISODE CURRENT* *TUKIO LA SONONA KWA SASA*

IF PATIENT MEETS CRITERIA FOR MAJOR DEPRESSIVE EPISODE CURRENT :

IKIWA MGONJWA ATAFIKIA VIGEZO VYA TUKIO LA SONONA KWA SASA:

A5 During your lifetime, did you have other periods of two weeks or more when

a you felt depressed or uninterested in most things, and had most of the problems we just talked about?

Katika maisha yako, uliwahi kuwa na kipindi kingine cha wiki mbili au zaidi ambapo ulikosa raha au kukosa ari katika mambo mengi na kwamba umekuwa na shida kama zile tulizokwishazizungumza?

b Was there an interval of at least 2 months without depression and/or lost of interest between your current episode and your last episode of depression ?

Je, kulikuwa na kipindi cha angalau miezi 2 bila hali ya kukosa raha na /au kupoteza ari kati ya wakati huu na ulipokuwa na hali hii siku za nyuma?

IS A5b CODED YES ?

JE, KIPENGELE A5b KIMEJIBIWA NDIYO?

➔		
NO	YES	10
➔ HAPANA	NDIYO	10
NO	YES	11
HAPANA	HAPANA	11

NO	YES
HAPANA	NDIYO

MAJOR DEPRESSIVE EPISODE PAST

TUKIO LA SONONA WAKATI ULIOPITA

A'. MAJOR DEPRESSIVE EPISODE WITH MELANCHOLIC FEATURES (optional)
A. TUKIO LA SONONA LILILOAMBATANA NA UZITO WA MOYO (HIARI)
IF THE PATIENT CODES POSITIVE FOR A MAJOR DEPRESSIVE EPISODE (A4 = YES), EXPLORE THE FOLLOWING :
KAMA MGONJWA ATADHIHIRISHA KUWA NA SONONA KWA SASA (A4 = NDIYO), CHUNGUZA YAFUATAYO:

A6	IS A2 CODED YES ?	NO	YES	12
	JE KIPENGELE A2 KIMEJIBIWA NDIYO?	HAPANA	NDIYO	12
a				
b	During the most severe period of the current depressive episode, did you lose your ability to respond to things that previously gave you pleasure, or cheered you up?	NO	YES	13
	Wakati wa hali mbaya zaidi ya sonona ya sasa, uliwahi kupoteza uwezo wa kufanya vitu ambavyo mwanzoni vilikuwa vikikupa furaha au kukuchangamsha?	HAPANA	NDIYO	13
	IF NO : When something good happens does it fail to make you feel better, even temporarily ?			
	KAMA JIBU NI HAPANA:Wakati jambo zuri linatokea, je, jambo			
		➔		
	IS EITHER A6a OR A6b CODED YES ?	NO	YES	
		➔		
	JE, KIPENGELE A6a AU A6b KIMEJIBIWA NDIYO?	HAPANA	NDIYO	

Over the past two weeks period, when you felt depressed and uninterested :
Katika kipindi cha wiki mbili zilizopita, ulipojisikia kukosa raha au kukosa ari:

A7 a	Did you feel depressed in a way that is different from the kind of feeling you experience when someone close to you dies ?	NO	YES	14
	Je, ulikosa raha tofauti na vile unavyojisikia wakati unapofiwa na mtu wako wa karibu?	HAPANA	NDIYO	14

	Did you feel regularly worse in the morning, almost every day ?	NO	YES	15
b	Je, ulijisikia kuwa na hali mbaya zaidi kwa kila asubuhi karibu kila siku?	HAPANA	NDIYO	15
	Did you wake up at least 2 hours before the usual time of awakening and			
c	have difficulty getting back to sleep, almost every day ?	NO	YES	16
	Je, ulikuwa ukiamka angalau masaa mawili kabla ya muda wako wa kawaida wa kuamka na kupata tabu ya kulala tena karibu kila siku?	HAPANA	NDIYO	16
	IS A3c CODED YES ?	NO	YES	17
e	JE, KIPENGELE A3c KIMEJIBIWA NDIYO?	HAPANA	NDIYO	17
	IS A3a CODED YES (ANOREXIA OR WEIGHT LOSS ONLY)?	NO	YES	18
d	JE, KIPENGELE A3a KIMEJIBIWA NDIYO (KUKOSA HAMU YA CHAKULA AU KUPUNGUA MWILI)?	HAPANA	NDIYO	18
	Did you feel excessive guilt or out of proportion to the reality of the			
f	situation ?	NO	YES	19
	JE, A3e IMEJIBIWA NDIYO (KUJILAUMU KUPITA KIASI, AU KUJILAUMU KUSIVYOSTAHILI)?	HAPANA	NDIYO	19

ARE 3 OR MORE A7 ANSWERS CODED YES ?
JE, VIPENGELE VITATU AU ZAIDI VYA A7 VIMEJIBIWA NDIYO?

NO	YES
HAPANA	NDIYO

MAJOR DEPRESSIVE EPISODE
With Melancholic Features
CURRENT

TUKIO LA SONONA
lililoambatana na uzito wa moyo KWA SASA

DYSTHYMIA
DISTHIMIA

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE
KAMA DALILI ZA MGONJWA KWA SASA ZINAFIKIA KIGEZO CHA TUKIO LA SONONA , USICHUNGUZE KIHUNZI HURU HIKI

B1	Have you felt sad, low or depressed most of the time for the last two years ? Je, ulijisikia huzuni, mnyonge au kukosa raha muda mwingi kwa kipindi cha miaka miwili iliyopita?	→ NO → HAPANA	YES NDIYO	20 20
B2	Was this period interrupted by your feeling OK for two months or more ? Je, kipindi hiki kilikatizwa na hali ya kujisikia safi kwa muda wa miezi miwili au zaidi?	NO HAPANA	→ YES → NDIYO	21 21
B3	During this period of feeling depressed most of the time : Wakati wa kipindi hiki cha kujisikia kukosa raha muda mwingi:			
a	Did your appetite change significantly ? Je, hamu yako ya kula ilibadilika kwa kiasi kikubwa?	NO HAPANA	YES NDIYO	22 22
b	Did you have trouble sleeping or sleep excessively ? Je, ulipata tabu ya kupata usingizi au kulala mno?	NO HAPANA	YES NDIYO	23 23
c	Did you feel tired or without energy ? Je, ulijisikia kuchoka au kukosa nguvu?	NO HAPANA	YES NDIYO	24 24

	Did you lose your self-confidence ?	NO	YES	25
d	Je, ulipoteza uwezo wa kujiamini?	HAPANA	NDIYO	25
	Did you have trouble concentrating or making decisions ?	NO	YES	26
e	Je, ulikuwa na tabu ya kuwa makini au ya kutoa maamuzi?	HAPANA	NDIYO	26
	Did you feel hopeless ?	NO	YES	27
f	Je, ulijisikia kukosa matumaini?	HAPANA	NDIYO	27

ARE 2 OR MORE B3 ANSWERS CODED YES ? → NO YES

JE, VIPENGELE 2 AU ZAIDI VYA B3 VIMEJIBIWA NDIYO? → HAPANA NDIYO

B4 Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way ? → NO YES 28

Je, dalili za kukosa raha zilikupa shida nyingi au kudhoofisha ufanisi wako kazini, kijamii, au katika njia nyingine muhimu? → HAPANA NDIYO 28

IS B4 CODED YES ?
JE KIPENGELE B4 KIMEJIBIWA NDIYO?

NO YES
HAPANA NDIYO

DYSTHYMIACURRENT
DISTHIMIA KWA SASA

SUICIDALITY
HALI YA KUTAKA KUJIUA

In the past month did you :
Katika mwezi uliopita, je:

C1	Think that you would be better off dead or wish you were dead ?	NO	YES	1
	Ulifikiria kwamba ni bora ungekufa?	HAPANA	NDIYO	1
C2	Want to harm yourself ?	NO	YES	2
	Ulitaka kujidhuru?	HAPANA	NDIYO	2
C3	Think about suicide ?	NO	YES	3
	Ulifikiria juu ya kutaka kujiua?	HAPANA	NDIYO	3
C4	Have a suicide plan ?	NO	YES	4
	Ulikuwa na mipango ya kujiua?	HAPANA	NDIYO	4
C5	Attempt suicide ?	NO	YES	5
	Ulijaribu kujiua?	HAPANA	NDIYO	5

In your lifetime
Katika maisha yako

C6	Did you ever make a suicide attempt ?	NO	YES	6
	Ulishawahi, wakati wowote, kujaribu kujiua?	HAPANA	NDIYO	6

IS AT LEAST 1 OF THE ABOVE CODED YES ?

NO	YES

JE, ANGALAU KIPENGELE KIMOJA KATI YA VYA HAPO JUU, KIMEJIBIWA NDIYO?

IF YES, SPECIFY THE LEVEL OF SUICIDE RISK AS FOLLOWS :
KAMA NDIYO, ELEZA KIWANGO CHA HATARI YA KUJIUA KAMA IFUATAVYO:

C1 or C2 or C6 = YES : LOW
C1 au C2 au C3 = NDIYO : HATARI NDOGO

C3 or (C2 +C6) = YES : MODERATE
C3 au (C2 +C6) = NDIYO : HATARI YA KATI

C4 or C5 or (C3 + C6) = YES : HIGH
C4 au C5 au (C3 + C6) = NDIYO : HATARI KUBWA

HAPANA	NDIYO
SUICIDE RISK CURRENT HATARI YA KUJIUA KWA SASA	
LOW	☐
HATARI NDOGO	☐
MODERATE	☐
HATARI YA KATI	☐
HIGH	☐
HATARI KUBWA	☐

(HYPO) MANIC EPISODE
TUKIO LA MANIA (MANIA NDOGO)

D1 a	Have you ever had a period of time when you were feeling "up" or "high" or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self ? (Do not consider times when you were intoxicated on drugs or alcohol)	NO	YES	1

	IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY "UP" OR "HIGH", CLARIFY AS FOLLOW : By "up" or "high" I mean : having elated mood, increased energy, needing less sleep, having rapid thoughts, being full of ideas, having an increase in productivity, creativity, motivation or impulsive behavior.			
	Je, ulishawahi kwa kipindi Fulani kujisikia una hali ya juu, au umejawa na nguvu au umesongwa kiasi cha kupatashida, au kwamba watu kukudhania kuwa sio mtu wa kawaida? (usichukulie muda ambao ulikuwa umedhurika kwa madawa au pombe)	HAPANA	NDIYO	1
	KAMA MGONJWA ANAONEKANA KUTOELEWA MAANA YA "HALI YA JUU", FAFANUA KAMA IFUATAVYO : Hali ya juu ina maana ya kuwa na hali ya furaha; kuhitaji usingizi mchache;kuwa na fikra za haraka; kusongwa na mawazo; kuongezeka katika tija, ubunifu, motisha au tabia ya kuamua ghafla			
	IF YES :			
	KAMA JIBU NI NDIYO :			
	Are you currently feeling "up" or "high" or full of energy ?	NO	YES	2
b	Je, sasa hivi unajisikia kuwa na hali ya juu au kujawa na nguvu?	HAPANA	NDIYO	2
D2	Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your			
a	family ? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified ? (Do not consider times when you were intoxicated on drugs or alcohol)	NO	YES	3
	Je, umeshawahi kuwa mwenye kuudhika upesi kwa muda mrefu, kwa siku nyingi, kiasi kwamba ukawa na mabishano, au mapigano kwa maneno au vitendo, au kuwapigia kelele watu wasiokuwa wa familia yako?			
	IF YES :			
	KAMA JIBU NI NDIYO :			

	Are you currently feeling persistently irritable ?	NO	YES	4
b	Je, kwa sasa unajisikia kuwa mwepesi wa kuudhika kwa muda mrefu?	HAPANA	NDIYO	4
		➔		
	ARE D1a OR D2a CODED YES ?	NO	YES	
		➔		
	JE, KIPENGELE D1a AU D2a KIMEJIBIWA NDIYO?	HAPANA	NDIYO	

D3 IF D1b OR D2b = YES : EXPLORE ONLY CURRENT EPISODE
IF D1b AND D2b = NO : EXPLORE THE MOST SYMPTOMATIC PAST EPISODE
KAMA D1B AU D2B = NDIYO: CHUNGUZA TUKIO LA SASA TU
KAMAD1B NA D2B = HAPANA: CHUNGUZA TUKIO LILILOPITA AMBALO LILIKUWA NA DALILI NYINGI ZAIDI

During the time(s) when you felt "high", full of energy and/or irritable did you :
Kwa muda ambao ulijisikia hali ya juu, kujawa na nguvu, au mwenyekuudhika upesi, je :

	Feel that you could do things others couldn't do, or that you were an			
a	especially important person ?	NO	YES	5
	Ulijisikiakuweza kufanya vitu ambavyo wengine hawawezi au kujiona kuwa			
	mtu pekee muhimu	HAPANA	NDIYO	5
	Need less sleep (e.g., feel rested after only a few hours sleep) ?	NO	YES	6
b	Ulihitaji usingizi mchache (kwa mfano, kujisikisa mapumziko baada ya			
	muda mdogo tu wa kulala) ?	HAPANA	NDIYO	6
	Talk too much without stopping, or so fast that people had difficulty			
c	understanding ?	NO	YES	7
	Uliongea sana bila kunyamaza, au kwa haraka zaidi kiasi kwamba watu			
	wakapata tabu ya kukuelewa?	HAPANA	NDIYO	7

	Have thoughts racing?	NO	YES	8
d	Umekuwa na mawazo mengi akilini wakati mmoja	HAPANA	NDIYO	8
	Become easily distracted so that any little interruption could distract you ?	NO	YES	9
e	Ulikuwa Mtu ambaye ni rahisi kupoteza umakini, hata kidogo inaweza kufanya usiwe na makini?	HAPANA	NDIYO	9
	Become so active or physically restless that others were worried about you?	NO	YES	10
f	Ulikuwa kwa hali ya kutotulia kiasi kwamba watu wengine wakapata wasiwasi juu yako?	HAPANA	NDIYO	10
g	Want so much to engage in pleasurable activities that you ignored the risks or consequences (e.g., spending sprees, reckless driving, or sexual indiscretions) ?	NO	YES	11
	Ulitaka sana kujiingiza katika shughuli za starehe na kutojali hatari zake au matokeo yake(mfano, kufanya shamrashamra , udereva wa kizembe, au ngono bila kujihadhari)?	HAPANA	NDIYO	11
	ARE 3 OR MORE D3 ANSWERS CODED YES OR 4 IF D1a = NO (PAST EPISODE) OR D1b = NO (CURRENT EPISODE) ?	➔ NO	YES	
	JE, VIPENGELE 3 AU ZAIDI VYA D3 VIMEJIBIWA NDIYO AU VIPENGELE 4, IKIWA D1a = HAPANA (TUKIO LILILOPITA) AU D1b = HAPANA (TUKIO LA SASA)	➔ HAPANA	NDIYO	
D4	Did these symptoms last at least a week and cause significant problems at home, at work, or at school, or were you hospitalized for these problems?	NO	YES	12
	Je, dalili hizi zilidumu kwa muda wa angalau wiki moja na kusababisha matatizo makubwa nyumbani, kazini, kijamii, au shuleni, au alilazwa hospitalini kwa ajili ya matatizo haya?	HAPANA	NDIYO	12

IF YES TO EITHER, CODE YES
KAMA JIBU NI NDIYO KWA LOLOTE, JAZA NDIYO

IS D4 CODED NO ?
JE, KIPENGELE D4 KIMEJIBIWA HAPANA?

NO HAPANA YES NDIYO

HYPOMANIC EPISODE
TUKIO LA MANIA NDOGO

IF YES, SPECIFY IF THE EPISODE EXPLORED IS CURRENT OR PAST
KAMA NDIYO, ELEZA NI TUKIO LA SASA AU LILILOPITA

CURRENT •
KWA SASA •

PAST •
LILILOPITA •

IS D4 CODED YES ?
JE, KIPENGELE D4 KIMEJIBIWA NDIYO?

NO HAPANA YES NDIYO

MANIC EPISODE
TUKIO LA MANIA

IF YES, SPECIFY IF THE EPISODE EXPLORED IS CURRENT OR PAST
KAMA NDIYO, ELEZA NI TUKIO LA SASA AU LILILOPITA

CURRENT •
KWA SASA •

PAST •

LILILOPITA •

PANIC DISORDER
UGONJWA WA HOFU KUBWA

E1	Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way ? Did the spells peak within 10 minutes ? Je, kwa mara zaidi ya moja, umekuwa na vipindi vya kujisikia au kupatwa na wasiwasi wa ghafla, hofu, kutotulia au mashaka, hata katika mazingira ambayo watu wengi hawajisikii hivyo? Je, mshituko huo uliisha ndani ya dakika kumi? CODE YES ONLY IF THE SPELLS PEAK WITHIN 10 MINUTES JAZA NDIYO IKIWA TU MSHITUKO HUO ULIISHA NDANI YA DAKIKA KUMI	NO HAPANA	YES NDIYO	1 1
	IF E1 = NO, CIRCLE NO IN E5 AND SKIP TO F1 KAMA E1 = HAPANA, JAZA HAPANA KATIKA E5 NA NENDA KIPENGELE F1			
E2	At any time in the past, did any of those spells or attacks come on unexpectedly or spontaneously, or occur in an unpredictable or unprovoked manner ? Katika wakati wowote uliopita, je, vipindi hivi au mishituko hiyo ilikuja bila kutegemea au kutokea katika namna isiyobashirika au kuchochewa? IF E2 = NO, CIRCLE NO IN E5 AND SKIP TO F1 KAMA E2 = HAPANA, JAZA HAPANA KATIKA E5 NA NENDA KIPENGELE F1	NO HAPANA	YES NDIYO	2 2
E3				

	Have you ever had one such attack followed by a month or more of persistent fear of having another attack, or worries about the consequences of the attack ?	NO	YES	3
	Je, ulishawahi kupata tukio moja kama hilo lililofuatiwa na kipindi cha mwezi mmoja au zaidi cha kujisikia hofu ya tukio jingine au woga wa madhara ya tukio hilo?	HAPANA	NDIYO	3

IF E3 = NO, CIRCLE NO IN E5 AND SKIP TO F1
KAMA E3 = HAPANA, ZUNGUSHIA HAPANA NA NENDA KIPENGELE F1

E4	During the worst spell that you can remember :			
	Katika kipindi kibaya zaidi ambacho unakumbuka :			
	Did you have skipping, racing or pounding of your heart ?	NO	YES	4
a	Je, moyo wako ulidundadunda, kwenda mbio, au kupiga kwa kasi?	HAPANA	NDIYO	4
	Did you have sweating or clammy hands ?	NO	YES	5
b	Je, ulitokwa na jasho au mikono kuwa na kijasho?	HAPANA	NDIYO	5
	Were you trembling or shaking ?	NO	YES	6
c	Je, ulitetemeka au kutikisika?	HAPANA	NDIYO	6
	Did you have shortness of breath or difficulty breathing ?	NO	YES	7
d	Je, ulipata kutapia hewa au tabu ya kupumua?	HAPANA	NDIYO	7
	Did you have a choking sensation or a lump in your throat ?	NO	YES	8
e	Je, ulihisi ni kama kunyongwa au donge kifuani kwako?	HAPANA	NDIYO	8
	Did you have chest pain, pressure or discomfort ?	NO	YES	9
f	Je, ulipata maumivu ya kifua, shinikizo au usumbufu?	HAPANA	NDIYO	9
	Did you have nausea, stomach problems or sudden diarrhea ?	NO	YES	10
g	Je, ulipata kichefuchefu, matatizo ya tumbo au kuharisha kwa ghafla ?	HAPANA	NDIYO	10
	Did you feel dizzy, unsteady, lightheaded or faint ?	NO	YES	11
h	Je, ulijisikia kizunguzungu, kutetereka, kichwa chepesi, au kuzirai ?	HAPANA	NDIYO	11
	Did things around you feel strange, unreal, detached or unfamiliar, or did			
i	you feel outside of or detached from part or all of your body ?	NO	YES	12
	Je, vitu vilivyokuzunguka uliviona ni vya ajabu, sio halisi, upweke au vya kigeni, au je, ulijisikia upo kando ya, au kujitenga kutoka katika sehemu au mwili wako wote ?	HAPANA	NDIYO	12

	Did you fear that you were losing control or going crazy ?	NO	YES	13
j	Je, ulihofia kwamba nikama hauwezi dhibiti kila kitu juu yako au umepata wazimu ?	HAPANA	NDIYO	13
	Did you fear that you were dying ?	NO	YES	14
k	Je, ulihofia kwamba unakufa ?	HAPANA	NDIYO	14
	Did you have tingling or numbness in parts of your body ?	NO	YES	15
l	Je, ulipatwa na msisimko au ganzi katika sehemu za mwili wako ?	HAPANA	NDIYO	15
	Did you have hot flashes or chills ?	NO	YES	16
m	Je, ulipatwa na wekundu usoni(kuiva uso) u mzizimo wa baridi ?	HAPANA	NDIYO	16

E5	ARE 4 OR MORE E4 ANSWERS CODED YES ?	NO	YES	
	JE, VIPENGELE 4 AU ZAIDI VYA E4 VIMEJIBIWA NDIYO ?	HAPANA	NDIYO	
	IF E5 = NO, SKIP TO E7 KAMA E5 = HAPANA, NENDA KIPENGELE E7	*Panic Disorder* *Life time* *Hofu kubwa* *Maisha yote*		
E6	In the past month, did you have such attacks repeatedly (2 or more) followed by persistant fear of having another attack ?	NO	YES	17
	Katika mwezi mmoja uliopita, ulipatwa na matukio hayo kwa kujirudiarudia (mara 2 au zaidi) kufuatiwa na hofu ya kupata tukio jingine ?	HAPANA	NDIYO	17
	IF E6 = YES, SKIP TO F1 KAMA E6 = NDIYO, NENDA F1	*Panic Disorder* *Current* *Hofu kubwa* *kwa sasa*		
E7	ARE 1, 2 OR 3 E4 ANSWERS CODED YES ?	NO	YES	18
		Limited Symptom Attacks *Lifetime*		

AGORAPHOBIA
WOGA WA NAFASI ZA WAZI

F1	Do you feel anxious or particularly uneasy in places or situations from which escape might be difficult, and where help might not be available in case of			

	panic attack, like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car ? Je, unajisikia wasiwasi au mashaka katika sehemu au mazingira ambapo unaweza kupata mshituko wa hofu kubwa au dalili zinazofanana na hofu kubwa tulizozizungumza hivi punde, na ambapo msaada unaweza usiwepo, au ambapo kukwepa kunaweza kuwa kugumu: kama kuwa kwenye kundi la watu wengi, kusimama kwenye foleni, ukiwa peke yako mbali na nyumbani, au upo nyumbani peke yako, au ukiwa unavuka daraja, kusafiri ndani ya basi, treni, au gari ?	NO HAPANA	YES NDIYO	19 19

IF F1 = NO, CIRCLE NO IN F2
KAMA F1 = HAPANA, ZUNGUSHIA HAPANA KATIKA F2

F2	Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them ? Je, unahofia sana mazingira haya kiasi cha kujitenga nayo, au kuteseka kwa ajili ya mazingira hayo auunahitaji mwenzi kukabiliana nayo ?	NO HAPANA *Agoraphobia Current* *Woga wa nafasi za wazi kwa sasa*	YES NDIYO

IS F2 (CURRENT AGORAPHOBIA) CODED NO
and
IS E6 (CURRENT PANIC DISORDER) CODED YES ?
JE F2 (WOGA WA NAFASI ZA WAZI KWA SASA)

NO YES

PANIC DISORDER without Agoraphobia CURRENT

IS F2 (CURRENT AGORAPHOBIA) CODED YES
and
IS E6 (CURRENT PANIC DISORDER) CODED YES ?

NO YES

PANIC DISORDER with Agoraphobia CURRENT

IS F2 (CURRENT AGORAPHOBIA) CODED YES
and
IS E5 (PANIC DISORDER LIFETIME) CODED NO ?

NO YES

AGORAPHOBIA without history of Panic Disorder CURRENT

G. SOCIAL PHOBIA
G. WOGA WA MKUSANYIKO WA WATU

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated ? This includes situations like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	➔ NO	YES	1
G1	Katika mwezi uliopita, je ulipata hofu au shida ukiwa uanaangaliwa, ukiwa mlengwa, au hofu ya kufedheheshwa? Hii ni pamoja na mambo kama kuongea hadharani; kula hadharani au kula na watu, kuandika wakati mtu anakuangalia au kuwa katika mikusanyiko ya watu.			
	Is this fear excessive or unreasonable ?	➔		
G2	Je hofu hii ni kubwa mno au yenye kuzidi?	NO	YES	2
G2				

G3	Do you fear these situations so much that you avoid them or suffer through them ?		➔ NO	YES	3
G3	Je unahofia sana mazingira haya kiasi cha kujitenga nayo au kuteseka kwa ajili ya mazingira hayo.				
G4	Does this fear disrupt your normal work or social functioning or cause you significant distress ?		NO	YES	4
G4	Je hofu hizi zinavuruga shughuli zako za kawaida au shughuli za kijamii au zinakusababishia shida kubwa.				

IS G4 CODED YES ?
Je kipengele G4 kimejibiwa ndiyo?

NO YES

SOCIAL PHOBIA
CURRENT

H. OBSESSIVE-COMPULSIVE DISORDER
H. SHAUKU LAZIMISHO

H1	In the past month, have you been bothered by recurrent thoughts, impulses or images that were unwanted, distasteful, inappropriate, intrusive or distressing ? (e.g., the idea that you were dirty, contaminated or had germs, or fear of contaminating others, or fear of harming someone even though you didn't want to, or fearing you would act on some impulse, or fear or superstitions that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.)	NO	YES	1

DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS.
DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL DEVIATIONS, PATHOLOGICAL GAMBLING, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.

H1 Katika mwezi ulioputa, je ulishawahi kukerwa na mawazo yenye kujirudiarudia, misukumo, au fikra ambazo hazihitajiki, za maudhi, zisizostahili, zenye kuingilia, au zenye kuleta shida? (mf: mawazo ya kwamba umchafu, umechafuliwa na vijidudu, au hofu ya kuwachafua wengine, au hofu ya kumdhuru mtu hata kama hukutaka kufanya hivyo, au kuhofia kutenda kwa msukumo, au hofu au imani za kichawi kwamba ungewajibika kwa mambo mabaya, au shauku yenye mawazo ya ngono, fikra au misukumo,au shauku ya kuhodhi, kukusanya au ya kidini).

(Usichanganye na wasiwasi juu ya matatizo halisi ya maisha, usichanganye na shauku zinazoendana moja kwa moja na magonjwa ya kula chakula, tabia za uasherati, kamari, au pombe au madawa ya kulevya kwa sababu, mgonjwa anaweza kupata starehe kutokana na tendo hilo na kutaka kujizuia kwa sababu tu ya matokeo hasi ya jambo hilo.

IF H1 = NO, SKIP TO H4

H2 Did they keep coming back into your mind even when you tried to ignore or get rid of them ? NO YES 2

IF H2 = NO, SKIP TO H4

H2 JE, yanaendelea kukurudia ndani ya mawazo yako hata wakati unapojaribu kuyasahau au kuyaondoa?

H3 Do you think that these obsessions are the product of your own mind and that they are not imposed from the outside ? NO YES 3

H3	Je, unadhani kwamba shauku hizi zinatokana na mawazo yako mwenyewe na kwamba hazijalazimishwa kutoka nje?			
H4	In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, arranging things, or other superstitious rituals ?	NO	YES	4
H4	Katika mwezi uliopita, je ulifanya kitu kwa kurudiarudia bila kuwa na uwezo wa kujizuia kufanya hivyo, kama vile kuosha au kusafisha sana, kuhesabu, kukagua vitu mara kwa mara, au kurudia, kukusanya, kupanga vitu, au matambiko mangine ya kishirikina.			
	ARE H3 OR H4 CODED YES ? JE KIPENDELE H3 AU H4 KIMEJIBIWA NDIYO?	➔ NO	YES	
H5	Did you recognize that either these obsessive thoughts and / or these compulsive behaviors you can not resist doing them, were excessive or unreasonable ?	➔ NO	YES	5
H5	Je ulitambua kwamba kujiwa na mawazo haya au hizi tabia zisizodhibitika zimekuwa ni nyingi mno au zimezidi?			
H6	Did these obsessive thoughts and / or compulsive behaviors significantly interfere with your normal routine, occupational functioning, usual social activities, or relationships, or did they take more than one hour a day ?	NO	YES	6
H6	Je kujawa na mawazo haya na/au tabia zisizodhibitika kwa kiasi kikubwa kunaingilia zako za kawaida, shughuli za kikazi, kazi za kawaida za kijamii, au mahusiano, au yamechukua zaidi ya saa nzima kwa siku?			

IS H6 CODED YES ?

NO	YES
OBSESSIVE-COMPULSIVE DISORDER CURRENT	

I. POSTTRAUMATIC STRESS DISORDER (optional)
I. UGONGWA WA MSONGO BAADA YA MATUKIO MABAYA (Hiari)

I1	Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?	➔ NO	YES	1
I1	Je, umewahi kupata au kushuhudia au kushughulika na matukio mabaya ikiwepo kifo au tishio la kifo au ajali mbaya kwako au mtu mwingine? EX OF TRAUMATIC EVENTS: SERIOUS ACCIDENT, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, HOLD-UP, FIRE, DISCOVERNG A BODY, UNEXPECTED DEATH, WAR, NATURAL DISASTER...			
I2	During the past month, have you re-experienced the event in a distressing way (i.e., dreams, intense recollections, flashbacks or physical reactions)?	➔ NO	YES	2
I2	Kwa mwezi uliopita je umewahi kupata tena tukio hilo katika namna ya mashaka (Kama vile, ndoto, mkusanyiko mkali, kumbukumbu za ghafla, au kujibu kwa matendo)?			

I3 In the past month :

I3 Katika mwezi uliopita:

a		Have you avoided thinking about the event, or have you avoided things that remind you of the event? Je, umewahi kujizuia kufikiria juu ya tukio hilo, au kujiepusha na vitu vinavyokukumbusha tukio hilo?	NO	YES	3
b	a	Have you had trouble recalling some important part of what happened? Je, umepata tabu ya kukumbuka baadhi ya sehemu muhimu juu ya kilichotokea?	NO	YES	4
c	b	Have you become less interested in hobbies or social activities? Je umekuwa na mvuto hafifu kwa mambo uyapendayo au kazi za kijamii?	NO	YES	5
d	c	Have you felt detached or estranged from others? Je, ulijisikia umejitenga au kutenganisha na wengine?	NO	YES	6
e	d	Have you noticed that your feelings are numbed? Je, ulitambua kwamba mawazo yako ni mazito?	NO	YES	7
f	e	Have you felt that your life would be shortened because of this trauma? Je, ulijisikia kwamba maisha yako yangekuwa mafupi kutokana na tukio hili?	NO	YES	8
	f				
			➔		
		ARE 3 OR MORE I3 ANSWERS CODED YES? JE, VIPENGELE VITATU AU ZAIDI VYA I3 VIMEJIBIWA NDIYO?	NO	YES	
I4		In the past month :			
14		Katika mwezi uliopita:			
a		Have you had difficulty sleeping? Je ulipata tabu ya usingizi?	NO	YES	9
b	a	Were you especially irritable or did you have outbursts of anger? Je ulikuwa mwenye kuudhika upesi, au ulipatwa na milipuko ya hasira?	NO	YES	10

b

c Have you had difficulty concentrating? NO YES 11

c Je, umepata tabu ya kuwa makini?

Were you nervous or constantly on your guard? NO YES 12

d Je, ulikuwa na wahaka/wasiwasi au muda wote kujilinda?

d

Were you easily startled? NO YES 13

e Je, ulikuwa mwepesi wa kushtushwa?

e

➔

ARE 2 OR MORE I4 ANSWERS CODED YES? NO YES

JE VIPENGELE 2 AU ZAIDI YA I4 VIMEJIBIWA NDIYO?

I5 During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress? NO YES 14

I5 Katika mwezi uliopita, je matatizo haya kwa kiasi kikubwa yalivuruga utendaji wa kazi yako au shughuli za kijamii au kusababisha mashaka makubwa?

IS I5 CODED YES? NO YES

JE I5 IMEJIBIWA NDIYO?

POSTTRAUMATIC STRESS DISORDER
CURRENT

J. ALCOHOL ABUSE AND DEPENDENCE
J. MATUMIZI MABAYA NA KUTAWALIWA NA POMBE

J1 ➔

J1	In the past 12 months, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions? Katika miezi 12 iliyopita, ulishawahi kuwa na vinywaji vitatu au zaidi vya pombe ndani ya kipindi cha masaa matatu katika matukio m atatu au zaidi/	NO	YES	1
J2	In the past 12 months : Did you need to drink more in order to get the same effect that you did when you first started drinking?	NO	YES	2
J2	Katika miezi 12 iliyopita: a Je, ulihitaji kunywa zaidi ili upate matokeo sawa nay ale uliyokunywa mara ya kwanza?			
b	When you cut down on drinking did your hands shake, did you sweat, or feel agitated ? Or, did you drink to avoid these symptoms or to avoid being hangover, e.g., "the shakes", sweating or agitation ?	NO	YES	3
	b Je, wakati ulipoacha kunywa mikono yako ilitetemeka ulitokwa na majasho, au kujisikia wasiwasi? Je, ulikunywa ili kuondoa dalili hizi au kuepuka kuwa mchovu, mfano mtetemeko, kutokwa majasho au wasiwasi? IF YES TO EITHER, CODE YES KAMA NI NDIYO KWA CHOCHOTE, JIBU NDIYO			
c	During the times when you drank alcohol, did you end up drinking more than you planned when you started ?	NO	YES	4

c	Wakati ambapo umelewa pombe, je uliishia kunywa zaidi kuliko ulivyopanga mwanzoni?			
d	Have you tried to reduce or stop drinking alcohol but failed ? Je ulijaribu kupunguza au kuacha ulevi ikashindikana?	NO	YES	5
e	On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol ?	NO	YES	6
e	Katika siku ambazo umelewa, je ulipoteza muda mwingi kupata pombe, kunywa au kupata nafuu kutoka katika athari za pombe?			
f	Did you spend less time working, enjoying hobbies, or being with others because of your drinking ?	NO	YES	7
f	Je ulitumia muda mchache kufanya kazi kufurahia uvipendavyo au kuwa na wenzako kwa sababu ya ulevi wako?			
g	Have you continued to drink even though you knew that the drinking caused you health or mental problems ?	NO	YES	8
g	Je uliendelea kulewa japo kuwa ulifahamu kuwa ulevi ulikusababishia matatizo ya kiafya na kiakili?			

ARE 3 OR MORE J2 ANSWERS CODED YES ?

NO	YES

JE VIPENGELE VITATU AU ZAIDI VYA J2 VIMEJIBIWA NDIYO?

ALCOHOL DEPENDENCE CURRENT

DOES THE PATIENT CODES POSITIVES FOR ALCOHOL DEPENDENCE ? NO → YES

J3 In the past 12 months :
J3 Katika miezi 12 iliyopita:

a Have you been intoxicated, high, or hangover more than once when you had other responsibilities at school, at work, or at home ? Did this cause any problems ? NO YES 9

a Je, umewahi kurukwa akili, kuwa na hali ya juu, au kuwa na uchovu wa pombe zaidi ya mara moja wakati ambapo ulikuwa na majukumu mengine shuleni, kazini au nyumbani? Je hili litaleta matatizo yeyote?

CODE YES ONLY IF THIS CAUSED PROBLEMS
(JIBU NDIYO IKIWA TU HILI LILILETA MATATIZO)

b Were you intoxicated in any situation where you were physically at risk, e.g., driving a car, riding a motor bike, using machinery, boating, etc. ? NO YES 10

b Je, ulirukwa akili katika mazingira yeyote ambapo ulikuwa hatarini mf. Kuendesha gari, kuendesha pikipiki, kutumia mashine, kusafiri kwa mashua, etc.

c Did you have any legal problems because of your drinking, e.g., an arrest or disorderly conduct ? NO YES 11

c	Je ulipata matatizo yeyote ya kisheria kwa sababu ya ulevi wakomfa. Kutiwa mbaroni au kufanya vurugu?			
d	Did you continue to drink even though your drinking caused problems with your family or other people ?	NO	YES	12
d	Je, uliendelea kulewa japokuwa ulevi wako ulisababisha matatizo kwa familia yako au watu wengine?			

ARE 1 OR MORE J3 ANSWERS CODED YES ?

JE KIPENGELE KIMOJA AU ZAIDI CHA J3 KIMEJIBIWA NDIYO?

NO YES

ALCOHOL ABUSE CURRENT

CARD OF SUBSTANCES

AMPHETAMINE	GASOLINE	MORPHINE
CANNABIS	GLUE	OPIUM
COCAINE	GRASS	PALFIUM
CODEINE	HASHISH	PCP
CRACK	HEROIN	RITALIN

DICONAL	LSD	TEMGESIC
ECSTASY	MARIJUANA	THC
ETHER	MESCALINE	TOLUENE
FREEBASE	METHADONE	TRICHLORETHYLENE

K. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS
UGONJWA WA MATUMIZI YA MADAWA YA KULEVYA AMBAYO SI POMBE

K1 a	Now, I am going to show you (SHOW THE CARD OF SUBSTANCES) / to read to you, a list (READ THE LIST BELOW) of street drugs or medicines. In the past 12 months, did you take any of these drugs, more than once, to get high, to feel better or to change your mood? Sasa ninakuonyesha (ONYESHA KADI YA MADAWA) / ninakusomea orodha ya madawa ya mitaani. Katika miezi 12 iliyopita, je ulitumia dawa yeyote katika hizi zaidi ya mara moja, ili uwe na hali ya juu, kujisikia mbora zaidi, au kubadilisha hali yako?	➔ NO	YES

CIRCLE EACH DRUG TAKEN :

Stimulants: amphetamines, « speed », crystal meth, « rush », Dexedrine, Ritalin, diet pills.
Cocaine: snorting, IV, freebase, crack, « speedball ».
Narcotics: heroin, morphine, dilaudid, opium, demerol, methadone, codeine, percodan, darvon.
Hallucinogens: LSD (« acid »), mescaline, peyote, PCP (« angel dust », « peace pill »), psilocybin, STP, « mushrooms », ecstasy, MDA, or MDMA.
Inhalants: « glue », ethyl chloride, nitrous oxide, (« laughing gas »), amyl or butyl nitrate (« poppers »).
Marijuana: hashish (« hash »), THC, « pot », « grass », « weed », « reefer ».
Tranquilizers: quaalude, Seconal (« reds »), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown.

Miscellaneous: steroids, nonprescription sleep or diet pills. Any others ?

SPECIFY MOST USED DRUG(S) : _____

ZUNGUSHIA KILA DAWA ULIYOTUMIA:
Vichangamsho:Amphetamini
Cokein:
Nakotiks:
Hallucinogens:
Inhalants:
Marijuana:
Tranquilizers:
Nyinginezo:
ELEZA DAWA / MADAWA UTUMIAYO ZAIDI:_____

b SPECIFY WHICH WILL BE EXPLORED IN CRITERIA BELOW :
IF CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE :
- EACH DRUG (OR DRUG CLASS) USED INDIVIDUALLY •
- MOST USED DRUG (OR DRUG CLASS) ONLY •

IF ONE DRUG (OR DRUG CLASS) USED :
- SINGLE DRUG (OR DRUG CLASS) ONLY •

ELEZA NI DAWA IPI IPO NDANI YA VIGEZO HAPA CHINI:

b. KAMA NI MATUMIZI YA PAMOJA AU YENYE KUFUATANA YA DAWA ZAIDI YA MOJA:
KILA KUNDI LA DAWA KUTUMIKA PEKE YAKE •

KUNDI LA DAWA LINALOTUMIKA ZAIDI TU •

NI DAWA MOJA TU / KUNDI LA DAWA IMETUMIKA •

K2	Considering your use of [NAME THE SELECTED DRUG / DRUG CLASS] in the past 12 months : Fikiria matumizi yako ya madawa (TAJA JINA LA DAWA / KUNDI LA DAWA LILILOCHAGULIWA), katika miezi 12 iliyopita:			
a	Have you found that you needed to use more of [NAME OF SELECTED DRUG / DRUG CLASS] to get the same effect that you did when you first started taking it ? Je, uliona kwamba unahitaji kutumia zaidi (Jina la dawa au kundi la dawa lililochaguliwa) ili kupata athari sawa na ile ulipotumia mara ya kwanza?	NO	YES	1
B	When you reduced or stopped using [NAME OF SELECTED DRUG / DRUG CLASS] did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable or depressed) ? Or did you use any drug(s) to keep yourself from getting sick (WITHDRAWAL SYMPTOMS) or so that you would feel better ? IF YES TO EITHER, CODE YES	NO	YES	2
	Wakati ulipopunguza au kutotumia (JINA LA DAWA / KUNDI LA DAWA LILILOCHAGULIWA) Je, ulipatwa na dalili zinazotokana na kuacha madawa? (Maumivu, kutetemeka, homa, udhaifu, kuharisha, kichefuchefu, kutokwa jacho, moyo kudunda, tabu ya usingizi, kujisikia wasiwasi, dukuduku, mwenye kuudhika upesi, au mwenye huzuni). Je ulitumia dawa/madawa yeyote ili kukufanya usiumwe (dalili za kuacha dawa) au kukufanya ujisikie vizuri zaidi? IKIWA JIBU NI NDIYO KWA SWALI LOLOTE, JAZA NDIYO			
c	Have you often found that when you used [NAME OF SELECTED DRUG / DRUG CLASS], you ended up taking more than you thought you would?	NO	YES	3

	Je, mara kwa mara ulijiona kwamba wakati unatumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), uliishia kutumia nyingi zaidi kuliko uwezo wako?			
d	Have you tried to reduce or stop taking [NAME OF SELECTED DRUG / DRUG CLASS] but failed? Je, ulijaribu kupunguza/kuacha kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA) lakini ukashindwa?	NO	YES	4
e	On the days that you used [NAME OF SELECTED DRUG / DRUG CLASS], did you spend substantial time (>2 hours), obtaining, using or recovering from the effects, or thinking about it ? Katika siku ambazo ulitumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA)Je, ulipoteza muda mwingi (> masaa 2) kupata, kutumia au kupata nafuu kutoka katika madawa au kufikiria juu ya madawa?	NO	YES	5
f	Did you spend less time working, enjoying hobbies, or being with family or friends, because of your drug use ? Je, ulitumia muda mchache kufanya kazi, kufurahia uvipendavyo, au kuwa na familia yako au marafiki kwa sababu ya kutumia kwako madawa?	NO	YES	6
g	Have you continued to use [NAME OF SELECTED DRUG / DRUG CLASS] even though it caused you health or mental problems? Je, uliendelea kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), japokuwa ilikusababishia matatizo ya kiafya na kiakili?	NO	YES	7
	ARE 3 OR MORE K2 ANSWERS CODED YES ?	NO YES		

SPECIFY DRUG(S) : _____

JE VIPENGELE 3 AU ZAIDI VYA K2 VIMEJIBIWA NDIYO?

TAJA DAWA / MADAWA:_____

DRUG(S) DEPENDENCE CURRENT

DOES PATIENT CODES POSITIVE FOR DRUG DEPENDENCE? NO YES ➔

K3 In the past 12 months :
Fikiria matumizi yako ya madawa (Jina la kundi la dawa lililochaguliwa)
Katika kipindi cha miezi 12 iliyopita:

a Have you been intoxicated, high, or hangover from [NAME OF SELECTED DRUG / DRUG CLASS], more than once when you had other responsibilities at school, at work, or at home? Did this cause any problem? (CODE YES ONLY IF THIS CAUSED PROBLEMS) NO YES 8
Je, umewahi kurukwa akili, kuwa na hali ya juu, au kuwa na uchovu wa dawa (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), zaidi ya mara moja, wakati ambapo ulikuwa na majukumu mengine shuleni, kazini au nyumbani? Je hili lilileta matatizo yeyote?
(JAZA NDIYO IKIWA TU HILI LILILETA MATATIZO)

b Have you been high or intoxicated from [NAME OF SELECTED DRUG / DRUG CLASS] in any situation where you were physically at risk (e.g., driving a car, or a motorbike, using machinery, boating, etc.)? NO YES 9
Je, umewahi kujisikia na hali ya juu au kurukwa akili kutokana na (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA) katika mazingira yeyote ambapo ulikuwa hatarini (mfano, kuendesha gari, kuendesha pikipiki, kutumia machine, kusafiri kwa mashua, nk).

Did you have any legal problems because of your [NAME OF SELECTED DRUG / DRUG CLASS] use, e.g., an arrest or disorderly conduct ?

c	Je, ulipata matatizo yeyote ya kisheria kwa sababu ya matumizi ya madawa mf. Kutiwa mbaroni au kufanya vurugu.	NO	YES	10
d	Did you continue to use [NAME OF SELECTED DRUG / DRUG CLASS] even though it caused problems with your family or other people ? Je uliendelea kutumia (JINA LA DAWA/ KUNDI LA DAWA LILILOCHAGULIWA), japokuwa ilisababisha matatizo kwa familia yako au watu wengine	NO	YES	11

ARE 1 OR MORE K3 ANSWERS CODED YES ?

SPECIFY DRUG(S) : _____

JE, KIPENGELE KIMOJA AU ZAIDI CHA K3 KIMEJIBIWA NDIYO?

TAJA DAWA/MADAWA :_____

NO	YES
DRUG(S) ABUSE CURRENT	
NDIYO	HAPANA
MATUMIZI YA MADAWA KWA SASA	

PSYCHOTIC DISORDERS

L. MAGONJWA YA SAIKOSIS

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE.

BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS « BIZARRE ».

DELUSIONS ARE BIZARRE IF : CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE RATED BIZARRE IF : A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

OMBA MFANO KWA KILA SWALI LINAJIBIWA NDIYO. JAZA NDIO IWAPO TU MIFANO INAONYESHA WAZI MABADILIKO YA MAWAZO AU UTAMBUZI AU KAMA HAIHUSIANI NA MILA NA DESTURI KABLA YA KUJAZA CHUNGUZA IWAPO IMANI ZA UWONGO ZINA SIFA ZA KUWA SI ZA KAWAIDA.
IMANI POTOFU AMBAZO "SI ZA KAWAIDA" KAMA: ISIYOWEZEKANA KUWA KWELI, UPUUZI, ISIYOELEWEKA, NA ISIYOTOKANA NA MAISHA YA KAWAIDA.
HISIA POTOFU AMBAZO "SI ZA KAWAIDA" NI KAMA: SAUTI KUELEZEA JUU YA MAWAZO YA MTU AU TABIA, AU WAKATI SAUTI 2 AU ZAIDI ZINAZUNGUMZA ZENYEWE.

	Now I'm going to ask you about unusual experiences that some individuals may experience. Sasa ninakuuliza kuhusu matukio yasiyo ya kawaida ambayo watu wanaweza pitia				
L1	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you ?	NO	YES	BIZARRE YES	1
a	Je, umewahi kuamini kwamba watu wanakupeleleza, au kwamba mtu anapanga njama juu yako, au kujaribu kukudhuru? KUMBUKA: Ulizia mifano ili kupata uhalisia.				
	IF YES : Do you currently believe these things ?	NO	YES	YES	2
b	KAMA NDIYO: Je kwa sasa unaamini mambo haya?			➔ L6a	
L2	Have you ever believed that someone was reading your mind or could hear your thoughts or that you could actually read or hear what another person				
a	was thinking ? Je, umewahi kuamini kwamba mtu alikuwa anasoma mawazo yako au kuweza kusikia mawazo yako, au kwamba wewe kuweza kusoma mawazo ya mtumwingine au kusikia kile anachowaza mtu mwingine?	NO		YES	3
	IF YES : Do you currently believe these things ?	NO		YES	4
b	KAMA NDIYO: Je kwa sasa unaamini mambo haya?			➔ L6a	
L3	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that				
a	was not your usual self ? Have you ever felt that you were possessed?	NO		YES	5

	Je , umewahi kuamini kwamba mtu au nguvu Fulani kutoka nje zimeweka mawazo ndani yako na kwamba umekuwa siyo wewe mwenyewe, au imekufanya utende matendo ambapo haikuwa kawaida yako? Je, umewahi kujisikia kama kwamba umemilikiwa? *TABIBU*: ULIZIA MIFANO NA UONDOE YEYOTE ISIYOHUSIANA NA KURUKWA AKILI				
	IF YES : Do you currently believe these things ?	NO		YES	6
b	KAMA NDIYO: Je, kwa sasa unaamini mambo haya?			➔ L6a	
	Have you ever believed that you were being sent special messages through the TV, radio or newspaper, or that a person you did not personally know was particularly interested in you ?				
L4	Je, umewahi kuamini kwamba umekuwa ukipokea ujumbe maalum kupitia TV, redio, au magazeti, au kwamba mtu usiyemjua akawa amevutiwa na wewe?	NO	YES	YES	7
a					
	IF YES : Do you currently believe these things ?	NO	YES	YES	8
b	KAMA NDIYO: Je, kwa sasa unaamini mambo haya?			➔ L6a	
L5	Have your relatives or friends ever considered any of your beliefs strange or out of reality ?	NO	YES	YES	9
a	ANY DELUSIONAL IDEAS NOT EXPLORED IN QUESTIONS L1 TO L4, E.G., OF GRANDIOSITY, RUIN, GUILT, HYPOCONDRIASIS,... Je, ndugu zako au marafiki walishawahi kuona kwamba unavyohisia au amini ni za ajabu au si za kawaida? Tafadhali, naomba mifano. *MSAILI:* Jaza ndiyo ikiwa tu mifano inaonyesha wazi kuwa ni imani za uwongo ambazo hazikuelezwa katika maswali L1 mpaka L4, mfano, za kujifaharisha, za unyong'onyevu, za maangamizi, kuwa na hatia, n.k.				
	IF YES : Do they currently consider your beliefs strange ?	NO	YES	YES	10
b	KAMA NDIYO: Je, kwa sasa wanaona nikama unayodhania au kuamini ni za ajabu?				

L6	Have you ever heard things other people couldn't hear, such as voices ?	NO	YES	YES	11
a	HALLUCINATIONS ARE CODED « BIZARRE » ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING : Did you hear a voice commenting on your thoughts or behavior, or did you hear two or more voices talking to each other ? Je umewahi kusikia mambo ambayo wengine hawasikii, kama vile sauti? HISIA POTOFU ZINAKUWA "SI ZA KAWAIDA" IKIWA TU MGONJWA ANAJIBU NDIYO KATIKA SWALI LIFUATALO: Je ulisikia sauti ikielezea mawazo yako au tabia au kusikia sauti mbili au zaidi zikizungumza zenyewe?				
b	IF YES : Have you heard these things in the past month ? KAMA NDIYO: Je, umesikia vitu hivi ndani ya mwezi 1 uliopita?	NO	YES	YES ➔ L8b	12
L7	Have you ever had visions when you were awake or have you ever seen things other people couldn't see ?	NO	YES	13	
a	CODE YES ONLY IF THE VISIONS ARE CULTURALLY INAPPROPRIATE. Je, umewahi ona vitu mchana au ukiwa umeamka ilihali watu wengine hawavioni? TABIBU: chunguza ili kujua kama havihusiani na mambo ya kimila na desturi?				
B	IF YES : Have you seen these things in the past month? : <u>INTERVIEWER'S JUDGMENT :</u> KAMA NDIYO: Je umeviona vitu hivi katika mwezi mmoja uliopita? UAMUZI WA TABIBU	NO	YES	14	
L8	IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS ?	NO	YES	`115	
b	JE MGONJWA KWA SASA ANAONYESHA MAMBO YASIYOELEWEKA, MANENO YASIYO NA MPANGILIO, AU MAMBO YASIYOUNGANIKA.				
L8 b					

L9 IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR ? NO YES 16
JE KWA SASA MGONJWA ANAONYESHA TABIA ISIYOELEWEKA AU KUZUBAA?

b
L9 b

ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW ?

L10b JE, DALILI HASI ZA SKIZOFRENIA, MFANO KUTODHIHIRISHA HISIA, UPUNGUFU WA MANENO YA KUSEMA (KUTOSEMA) AU KUTOWEZA KUANZISHA AU KUDUMU KATIKA SHUGHULI MAALUM, ZINAONEKANA WAKATI WA USAILI? NO YES 17

L10b

L11 FROM L1 TO L10 :
ARE 1 OR MORE « b » QUESTIONS CODED YES BIZARRE ?
OR
ARE 2 OR MORE « b » QUESTIONS CODED YES (RATHER THAN YES BIZARRE) ?

L11 JE KIPENDELE KIMOJA AU ZAIDI VYA MASWALI (b) KIMEJIBIWA NDIYO SI YA KAWAIDA?
AU
JE, VIPENGELE 2 AU ZAIDI VYA MASWALI (b) VIMEJIBIWA NDIYO (BADALA YA NDIYO SI YA KAWAIDA).

NO YES

PSYCHOTIC SYNDROME CURRENT

L12 FROM L1 TO L7 :
ARE 1 OR MORE « a » QUESTIONS CODED YES BIZARRE ?
OR
ARE 2 OR MORE « a » QUESTIONS CODED YES (RATHER THAN YES BIZARRE) ?
(CHECK THAT THE 2 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD)
OR
IS L11 CODED YES ?

NO YES

PSYCHOTIC SYNDROME LIFETIME

L12 JE, KIPENGELE 1 AU ZAIDI YA MASWALI (a) VIMEPITIWA NDIYO SI YA KAWAIDA?
AU
JE, VIPENGELE 2 AU ZAIDI VYA MASWALI (a) VIMEJIBIWA NDIYO (BADALA YA NDIYO SI YA KAWAIDA)
UAMUZI WA TABIBU
CHUNGUZA KAMA DALILI 2 ZILITOKEA WA KATI MMOJA
AU
JE, KIPENGELE L11 KIMEJIBIWA NDIYO?

L13a IF L12 IS CODED YES OR AT LEAST ONE YES FROM L1 TO L7 :

DOES THE PATIENT CODE POSITIVE FOR EITHER
MAJOR DEPRESSIVE EPISODE (CURRENT OR PAST) ➔
OR MANIC EPISODE (CURRENT OR PAST) ? NO YES

L13a KAMA L12 IMEJIBIWA NDIYO NA ANGALAU NDIYO MOJA KUTOKA L1 MPAKA L7:

JE DALILI HIZO ZIMEJIBIWA NDIYO KWA AIDHA
TUKIO LA SONONA, (KWA SASA)
AU TUKIO LA MANIA, (KWA SASA AU MUDA ULIOPITA)?

You told me earlier that you had period(s) when you felt depressed/ high/ persistently irritable.
Were the beliefs and experiences you just described (SYMPTOMS CODED YES FROM L1 TO L7) restricted exclusively to times when you were feeling
b depressed / high / irritable? NO YES 18

Kama L13 imejibiwa ndiyo:

Uliniambia mwanzoni kwamba kulikuwa na vipindi ambavyo ulijisikia (huzuni/hali ya juu/mwepesi wa kuudhika mara zote).

b Je, kuamini kwako na matukio uliyoyaeleza hivi punde (dalili zimejibiwa ndiyo kutoka L1 mpaka L7).vimekuwepo pale tu ulipojisikia huzuni/hali ya juu/mwenyekuudhika?.

IS L13b CODED YES ?
JE, L13b IMEJIBIWA NDIYO?

NO	YES
	MOOD DISORDER WITH PSYCHOTIC FEATURES CURRENT

M. ANOREXIA NERVOSA
M. UGONJWA WA TAFSIRI YA MAUMBILE BINAFSI UNAOHUSIANA NA KUTOKULA

M1 a	How tall are you ?	|__|__|__|	Ft	☐
			Ins	☐
			Cm	☐
a	Una urefu kiasi gani?			
			Lbs.	☐
b	What was your lowest weight in the past 3 months ?	|__|__|__|	Kg	☐
b	Ni uzito upi mdogo kuliko wote katika miezi mitatu iliyopita.			
c	IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT ? SEE TABLE BELOW	➔ NO YES	1	
c				

JE, UZITO WA MGONJWA NI MDOGO KULIKO KIWANGO KINACHOLINGANA NA UREFU WAKE? (ANGALIA JEDWALI CHINI)

	In the past 3 months : Katika miezi 3 iliyopita:	➔		
M2	In spite of this low weight, have you tried not to gain weight ?	NO	YES	2
M2	Pamoja na uzito huu mdogo, je ulijaribu kutoongeza uzito?			
M3	Have you feared gaining weight or becoming fat, even though you were underweight ?	➔ NO	YES	3
M3	Je, ulihofia kuongezeka uzito au kuwa mnene hata kama ulikuwa na uzito mdogo?			
M4a	Have you considered yourself fat or that part of your body was too fat ?	NO	YES	4
a	Je ulijiona wewe mwenyewe mnene, au sehemu ya mwili wako nene sana?			
b	Has your body weight or shape greatly influenced how you felt about yourself ?	NO	YES	5
b	Je, uzito wa mwili wako au umbile umeathiri kwa kiasi kikubwa jinsi unavyojiona?			
c	Have you thought that your current low body weight was normal or excessive ?	NO	YES	6
c	Je, ulifikiria kwamba uzito wako mdogo wa sasa ni kawaida au umezidi?			
M5	ARE 1 OR MORE M4 ANSWERS CODED YES ?	➔ NO	YES	

M5 JE, KIPENGELE KIMOJA AU ZAIDI VYA M4 VIMEJIBIWA NDIYO?

M6 FOR WOMEN ONLY : During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant) ? ➔ NO YES 7

M6 Kwa wanawake tu: Katika miezi mitatu iliyopita, Je ulikosa siku zako zote za hedhi pale ambapo ulizitarajia kutokea (wakati hukuwa mjamzito)?

FOR WOMEN : ARE M5 AND M6 CODED YES ?
FOR MEN : IS M5 CODED YES ?
KWA WANAWAKE: JE, M5 NA M6 VIMEJIBIWA NDIYO?
KWA WANAUME: JE, M5 IMEJIBIWA NDIYO?

NO YES

ANOREXIA NERVOSA CURRENT

TABLE HEIGHT / WEIGHT THRESHOLD (HEIGHT-WITHOUT SHOES ; WEIGHT-WITHOUT CLOTHING)

HEIGHT(cm) UREFU (sm)	140	145	150	155	160	165	170	175	180	185	190
Females Wanawake WEIGHT (kg) UZITO (kilo)	37	38	39	41	43	45	47	50	52	54	57
Males Wanaume	41	43	45	47	49	51	52	54	56	58	61

THE WEIGHT THRESHOLDS ABOVE ARE CALCULATED AS A 15% REDUCTION BELOW THE NORMAL RANGE FOR THE PATIENT'S HEIGHT AND GENDER AS REQUIRED BY DSM-IV.

N. BULIMIA NERVOSA
N. UGONJWA WA TAFSIRI YA MAUMBILE BINAFSI UNAOHUSIANA NA KULA MNO

N1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period ?	➔ NO	YES	8
N1	Katika miezi mitatu iliyopita, je uliwahi kula kupita kiasi au wakati ambapo umekula chakula kingi sana ndani ya masaa mawili?			
N2	In the last three months, did you have eating binges as often as twice a week ?	➔ NO	YES	9
N2	Katika miezi 3 iliyopita, je umewahi kula kupita kiasi kila mara, mara 2 kwa wiki?			
N3	During these binges, did you feel that your eating was out of control ?	➔ NO	YES	10
N3	Katika milo hii, ulijisikia kwamba kula kwako ni kwa kushindwa kujitawala?			
N4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications ?	➔ NO	YES	11
N4	Je ulifanya kitu chochote kufidia, au kuzuia kuongezeka uzito kutokana na milo hii, kama vile kutapika, kushinda na njaa, kufanya mazoezi, kumeza dawa za kuharisha, enema, kuongeza mkojo au dawa nyinginezo?			
N5	Does your body weight or shape greatly influence how you feel about yourself ?	➔ NO	YES	12
N5	Je uzito wako au umbile lako linaathiri kwa kiasi kikubwa jinsi unavyojiona?			

N6 DOES THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA ? NO YES 13

IF N6 = NO, SKIP TO N8

N7 Do these binges occur only when you are under _____kg/lbs.* ? NO YES 14

TAKE THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT / WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE

Je, milo hii ya kupita kiasi hutokea pale tu una uzito chini ya kilo _____ ?

ANDIKA KIWANGO CHA UZITO KINACHOLINGANA NA UREFU WA MGONJWA KUTOKA KATIKA JEDWALILILILOPO KWENYE KIHUNZI CHA UGONJWA WA KUTOKULA

N8 IS N5 CODED YES AND N7 CODED NO (OR SKIPPED) ? NO YES

JE, N5 IMEJIBIWA NDIYO N7 IMEJIBIWA HAPANA (AU IMERUKWA KWA SABABU DALILI ZA MGONJWA HAZIFIKII VIGEZO VYA UGONJWA WA KUTOKULA)?

BULIMIA NERVOSA CURRENT

IS N7 CODED YES ? NO YES

JE, N7 IMEJIBIWA NDIYO?

ANOREXIA NERVOSA
Binge-Eating/Purging Type
CURRENT

O. GENERALIZED ANXIETY DISORDER
O. UGONJWA WA WASIWASI MKUBWA

O1 a Have you worried excessively or been anxious about several things of day to day life, at work, at home, in your close circle over the past 6 months ?

➔
NO YES 1

DO NOT CODE YES IF THE FOCUS OF THE ANXIETY IS CONFINED TO ANOTHER DISORDER EXPLORED PRIOR TO THIS POINT SUCH AS HAVING A PANIC ATTACK (PANIC DISORDER), BEING EMBARRASSED IN PUBLIC (SOCIAL PHOBIA), BEING CONTAMINATED (OCD), GAINING WEIGHT (ANOREXIA NERVOSA)...

Are these worries present most days ?

➔
NO YES 2

O1 a Je, ulikuwa na woga sana au kupata wasiwasi juu ya mambo mawili au zaidi(mf. Pesa, afya ya watoto, msiba) kwa kipindi cha miezi 6 iliyopita? Zaidi ya watu wengi webgine wanavyokuwa?

Je, woga huu unakuwepo karibu siku zote?

O2 Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing ?

➔
NO YES 3

O2 Je unapata tabu kujizuia na woga, au je inavuruga uwezo wako wa kuwa makini kwa unachokifanya?

FROM O3a TO O3f, CODE NO THE SYMPTOMS CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT

O3 When you were anxious over the past 6 months, did you, almost every day :

O3 Waakati ulipokuwa na wasiwasi katika miezi 6 iliyopita, je, muda mwingi:

a	Feel restless, keyed up or on edge ? Ulijisikia kutotulia, kuamshwa, au mwenye kiherehere?	NO	YES	4
b	Feel tense ? Ulijisikia kukakamaa?	NO	YES	5
c	Feel tired, weak or exhausted easily ? Ulijisikia kuchoka, mdhaifu, au kuchoka mapema?	NO	YES	6
d	Have difficulty concentrating or find your mind going blank ? Ulipata tabu ya kuwa makini, au kuona unapoteza kumbukumbu?	NO	YES	7
e	Feel irritable ? Ulijisikia mwenye kuudhika upesi?	NO	YES	8

f	Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively) ?	NO	YES	9
f	Ulipata tabu ya usingizi (tabu ya kupata usingizi, kuamka katikati ya usiku, kuamka mapema asubuhi, au kulala mno)?			

ARE 3 OR MORE O3 ANSWERS CODED YES ?

JE VIPENGELE 3 AU ZAIDI VYA O3 VIMEJIBIWA NDIYO?

NO YES

GENERALIZED ANXIETY DISORDER
CURRENT

ANTISOCIAL PERSONALITY DISORDER (optional)
P. UGONJWA WA MAKUZI YA HULKA NA TABIA ZINAZOPINGANA NA JAMII (hiari)

P1 Before you were 15 years old, did you :
Kabla hujawa na umri wa miaka 15, je:

a	Repeatedly skip school or run away from home overnight ? Ulikuwa ukitoroka shule mara kwa mara au kuondoka nyumbani usiku?	NO	YES	1
b	Repeatedly lie, cheat, « con » others, or steal? Ulikuwa ukidanganya mara kwa mara, ukilaghai, kutapeli wengine, au kuiba?	NO	YES	2
c	Start fights or bully, threaten, or intimidate others? Ulianzisha ugomvi au kudhulumu, kutishia au kutisha wengine?	NO	YES	3

	Deliberately destroy things or start fires?	NO	YES	4
d	Kwa makusudi uliharibu vitu au kuwasha moto?			
	Deliberately hurt animals or people?	NO	YES	5
e	Kwa makusudi kuwadhuru wanyama au watu?			
	Force someone to have sex with you?	NO	YES	6
f	Kumlazimisha mtu kufanya mapenzi na wewe?			
		➔		
	ARE 2 OR MORE P1 ANSWERS CODED YES? JE, VIPENGELE 2 AU ZAIDI VYA P1 VIMEJIBIWA NDIYO?	NO	YES	
P2	DO NOT CODE YES THE BEHAVIORS BELOW IF THEY ARE EXCLUSIVELY POLITICALLY OR RELIGIOUSLY MOTIVATED USIJIBU NDIYO KWA TABIA ZILIZO HAPA CHINI IKIWA ZIMESABABISHWA NA MAMBO YA KISIASA AU KIDINI			
	Since you were 15 years old, have you: \ Tangu umri wa miaka 15, je:			
a	Repeatedly behaved in a way that others would consider irresponsible, like failing to pay for things you owed, deliberately being impulsive or deliberately not working to support yourself? Mara kwa mara ulikuwa na tabia ambayo watu wengine wangeona kama ni kutowajibika, kama vile kushindwa kulipa madeni, kwa makusudi kuwa jazba au kwa makusudi kutofanya kazi ili kujitegemea?	NO	YES	7
b	Done things that are illegal even if you didn't get caught (i.e., destroying property, shoplifting, stealing, selling drugs, or committing a felony) ?	NO	YES	8

	Hufanya mambo kinyume cha sheria hata kama hukutiwa mbaroni (kama vile, kuharibu mali, kuiba vitu dukani, wizi, kuuza madawa ya kulevya, au kufanya kosa la jinai)?			
c	Been in physical fights repeatedly (including physical fights with your spouse or children) ? Ulikuwa ukipigana mara kwa mara (ikiwemo kupigana na mke / mume wako au watoto)	NO	YES	9
d	Often lied or « conned » other people to get money or pleasure, or lied just for fun? Mara kwa mara kudanganya au “kutapeli” watu wengine ili kupata pesa au starehe, au kudanganya kwa kuchekesha watu tu?	NO	YES	10
e	Exposed others to danger without caring? Kuwaweka wengine katika hatari bila ya kujali?	NO	YES	11
f	Felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property? Kujiona huna hatia baada ya kuleta madhara, kufanya maovu, kudanganya, au kuwaibia watu, au baada ya kuharibu mali?	NO	YES	12

ARE 3 OR MORE ITEMS FROM P2 CODED YES ?
JE, VIPENGELE 3 AU ZAIDI VYA P2 VIMEJIBIWA NDIYO?

NO	YES

ANTISOCIAL PERSONALITY DISORDER LIFETIME

R. SOMATIZATION DISORDER (optional)
R. MATATIZO/MALALAMIKO YA KIMWILI BILA SABABU BAYANA

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

R1 a Have you had many physical complaints not clearly related to a specific disease beginning before age 30? NO YES

R1 Je umekuwa ukijisikia kuwa na matatizo mengi ya kimwili ambayo hazihusuani na ugonjwa wowote unaojulikana kabla ya umri wa miaka 30?

b. Did these physical complaints occur over several years? NO YES
b Je shida hizi za kimwili zilitokea kwa miaka mingi?
c Did these complaints lead you to seek treatment? NO YES
c Je shida hizi zilikufanya utafute matibabu?

d Did these complaints cause significant problems at school, at work, socially, or in other important areas? NO YES
d Je shida hizi zilikuwa kubwa kiasi cha kuathiri shughuli zako za kikazi, kishule, kijamii au katika nyanja nyingine muhimu ?

R2 Did you have pain in your: a. head NO YES
b. abdomen NO YES
c. back NO YES
d. joints, extremities, chest, rectum NO YES
e. during menstruation NO YES
f. sexual intercourse NO YES
g. urination NO YES

R2. Je ulikuwa na maumivu katika sehemu zifuatazo?

a. Kichwa
b. Tumbo
c. Mgongo
d. Viungo, miguuni, kifua, sehemu ya haja kubwa
e. Wakati wa hedhi

f. Wakati wa kujamiana
g. Wakati wa kukojoa

ARE 2 OR MORE R2 ANSWERS CODED YES? NO YES

JE VIPENGELE VIWILI AU ZAIDI VYA R2 VIMEJIBIWA NDIO?

R3. Did you have any of the following abdominal symptoms:

a. nausea NO YES
b. bloating NO YES
c. vomiting NO YES
d. diarrhea NO YES
e. intolerance of several different foods NO YES

R3. Je ulikuwa na dalili zozote za tumbo kama zifuatazo? Kichefuchefu

a. Kuvimbiwa
b. Kutapika
c. Kuharisha
d. Kusumbuliwa na vyakula mbalimbali baada ya
e. kuvila

ARE 2 OR MORE R3 ANSWERS CODED YES? NO YES

Je vipengele viwili au zaidi vya R3 vimejibiwa ndio?

R4. Did you have any of the following sexual symptoms:

a. loss of sexual interest NO YES
b. erection or ejaculation problems NO YES
c. irregular menstrual periods NO YES
d. excessive menstrual bleeding NO YES
e. vomiting throughout pregnancy NO YES

R4. Je ulikuwa na shida zozote zifuatazo?

a. Kukosa hamu ya mapenzi
b. Kushinwa kusimamisha uume au utoaji manii wakati wa kujamiiana
c. Hedhi inayobadilikabadilika
d. Kutokwa na damu nyingi wakati wa hedhi
e. Kutapika kipindi chote cha ujauzito

ARE 2 OR MORE R4 ANSWERS CODED YES? NO YES

JE VIPENGELE VIWILI AU ZAIDI VYA R4 VIMEJIBIWA NDIO?

R5. Did you have any of the following symptoms:

a. paralysis or weakness in parts of your body NO YES
b. impaired coordination or imbalance NO YES
c. difficulty swallowing or lump in throat NO YES
d. difficulty speaking NO YES

e. difficulty emptying your bladder NO YES
f. loss of touch or pain sensation NO YES
g. double vision or blindness NO YES
h. deafness, seizures, loss of consciousness NO YES
i. significant episodes of forgetfulness NO YES
j. unexplained sensations in your body NO YES
(CLINICIAN: PLEASE EVALUATE IF THESE ARE SOMATIC HALLUCINATIONS)

R.5 Je uliwahi kuwa na dalili zozote kama zifuatazo?

a. Kuparalais au kukosa nguvu/ udhaifu katika sehemu za mwili
b. Kukosa balansi/kuyumbayumba
c. kushindwa kumeza au kuhisi donge kwenye koo
d. Kushindwa kuongea
e. Kushindwa kukojoa
f. Kupoteza uwezo wa kuhisi maumivu na kugusa
g. Kuona vitu viwiliviwili au upofu
h. Kushindwa kusikia, kifafa, kupoteza fahamu
i. Kusahausahau sana kwa vipindi
j. Kuhisi vitu visivyoeleweka kwenye mwili
(CLINICIAN: PLEASE EVALUATE IF THESE ARE SOMATIC HALLUCINATIONS)

ARE 2 OR MORE R5 ANSWERS CODED YES? NO YES

JE VIPENGELE VIWILI AU ZAIDI VYA R5 VIMEJIBIWA NDIO?

R6 .Were the symptoms investigated by your physician? NO YES

R6. Je hizi dalili zilifanyiwa uchunguzi na daktari?

R7.Was any medical illness found, or were you using any drug or medication that could explain these symptoms? NO YES

R7. Je kuna ugonjwa wowote wa kimwili uliopatikana au kuna dawa zozote ulizokuwa unatumia ambazo zilihusishwa kusababisha hizo dalili?

R6 AND R7 (SUMMARY): CLINICIAN: HAS AN ORGANIC CAUSE BEEN RULED OUT? NO YES

R8. Were the complaints or disability out of proportion to the patient's physical illness? NO YES

R8. Je malalamiko au kutokujiweza huku hakulingani matatizo ya mgonjwa?

IS R7 (SUMMARY) OR R8 CODED YES? NO YES

JE VIPENGELE R7(UFUPISHO) AU R8 VIMEJIBIWA NDIO?

R9. Were the symptoms a pretense or intentionally produced (as in factitious disorder)? NO YES

R9. Je dalili hizi zilitokana na kujifanyisha au kwa makusudi ? (Kama ugonjwa wa kujiifanyisha)

IS R9 CODED NO?
JE KIPENGELE R9 KIMEJIBIWA NO?

NO YES
SOMATIZATION DISORDER LIFETIME

LLLLIFET
SOMATIZATION DISORDER
LIFETIME

R10 Are you currently suffering from these symptoms?
R10 Je kwa sasa unasumbuliwa na hizi dalili?

NO YES
SOMATIZATION DISORDER CURRENT

SOMATIZATION DISORDER

S. HYPOCHONDRIASIS
S .WASIWASI WA KUWA NA UGONJWA HATARI WA KIMWILI

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE \

S1 In the past six months, have you worried a lot about having a serious physical illness? NO YES
DO NOT CODE YES IF ANY PHYSICAL DISORDER CAN ACCOUNT FOR THE PHYSICAL SENSATIONS OR SIGNS THE PATIENT DESCRIBES.

S1 Je katika kipindi cha miezi sita iliyopita umekuwa na wasiwai mwingi kuwa huenda ukawa na ugonjwa hatari katika mwili wako?
USIREKODI NDIYO ENDAPO UGOJWA ANAOELEZEA MGONJWA UNAWEZA KUWA UMETOKANA NA UGONJWA WA KIMWILI
\

S2 Have you had this worry for 6 months or more? NO YES
S2 Umekuwa na wasiwasi huu kwa kipindi cha miezi sita au zaidi?
\

S3 Have you ever been examined by a doctor for these symptoms? NO YES
S3 Umewahi kupimwa na daktari kwa ajili ya hizi dalili?
\

S4 Have your illness fears persisted in spite of the doctor's reassurance? NO YES
S4 Je uoga wa ugonjwa wako bado upo licha ya kuhakikishiwa na daktari kuwa hakuna tatizo?

S5 Does this worry cause you significant distress, or does it interfere with your ability to NO YES

function at work, socially, or in other important ways?

S5 Je wasiwasi huu unakupa shida kubwa au kuathiri shughuli zako za kikazi, kijamii au katika nyanja nyingine muhimu ?

NO	YES
HYPOCHONDRIASIS CURRENT	
HYPOCHONDRIASIS	

S6 IS S5 CODED YES?
S6 JE KIPENGELE S5 KIMEJIBIWA NDIO?

T. BODY DYSMORPHIC DISORDER
T.KUHISI TOFAUTI YA KIMAUMBILE KATIKA SEHEMU YA MWILI
(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

T1 Are you preoccupied with a defect in your appearance? NO YES

T1 Je mara nyingi unafikiri kuwa una kasoro katika muonekano wako?

T2 Has this preoccupation persisted in spite of others (including a physician) genuinely feeling that your worry was excessive? NO YES

T2 Je fikira hizi za mara kwa mara bado zipo licha ya kuambiwa na daktari ama watu wengine kuwa wasiwasi wako ulikuwa wa kupita kiasi?

T3 Does this preoccupation cause you significant distress, or does it interfere significantly with your ability to function at work, socially, or in some other important way? NO YES

T3 Je fikira hizi za mara kwa mara zinakupa shida kubwa au kuathiri shughuli zako za kikazi, kijamii au katika nyanja nyingine muhimu

NO	YES
BODY DYSMORPHIC DISORDER CURRENT	

T4 IS T3 CODED YES?

T4 JE KIPENGELE T3 KIMEJIBIWA NDIO?

U. PAIN DISORDER

U.MAUMIVU YA KISAIKOLOJIA

(\ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

U1 Currently, is pain your main problem? NO YES

U1 Je kwa sasa shida yako kuu ni maumivu?

U2 Currently, is the pain severe enough to need medical attention? NO YES

U2 Je kwa sasa maumivu haya ni makali sana kiasi cha kuhitaji matibabu?

U3 Currently is the pain causing you significant distress, or interfering significantly with your ability to function at work, socially, or in some other important way? NO YES

U3 Je kwa sasa maumivu haya yanakupa shida kubwa au kuathiri shughuli zako za kikazi, kijamii au katika nyanja nyingine muhimu ?

U4 Did psychological factors or stress have an important role in the onset of the pain, or did they make it worse, or keep it going? NO YES

U4 Je matatizo ya kisaikolojia au msongo wa mawazo ulihusika katika kuanzisha, kuzidisha au kufanya maumivu haya yaendelee kuwepo?

U5 Is the pain a pretense or intentionally produced or feigned? (As in factitious disorder?) NO YES U5 Je maumivu haya yanatokana na kujifanyisha au au kwa makusudi ? (Kama katika ugonjwa wa kujifanyisha)

U6 Did a medical condition have an important role in the onset of the pain, or did the medical condition make it worse, or keep it going? NO YES

U6 Je shida ya kitabibu inahusika katika kuanzisha a, kuzidisha au kufanya maumivu haya yaendelee kuwepo?

U7 Has the pain been present for more than 6 months? NO YES

U7 Je maumivu haya yamekuwepo kwa kipindi cha zaidi ya miezi sita? ↓ ↓

Acute Chronic

U8 IS U6 CODED NO?

U8 JE KIPENGELE U6 KIMEJIBIWA HAPANA?

NO YES
PAIN DISORDER
associated with
psychological factors
CURRENT

U9 IS U6 CODED YES?

U9 JE KIPENGELE U6 KIMEJIBIWA NDIO?

IF U8 OR U9 ARE CODED YES
KAMA KIPENGELE U8 AU U9 KIMEJIBIWA NDIO

NO YES

PAIN DISORDER
associated with
psychological factors
and general medical condition
CURRENT

AND U7 = NO, ADD: ACUTE TO DIAGNOSIS TITLE

W. ATTENTION DEFICIT/HYPERACTIVITY DISORDER (Adult)
(MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)
As a child:
Ulipokuwa motto

W5 a Were you active, fidgety, restless, always on the go? NO YES
a Ulikuwa mchangamfu sana, mwenye kuhangaika sana?

b Were you inattentive and easily distractible? NO YES
b hukuwa msikivu au ulikuwa mwenye kuvurugwa na kitu kidogo?

c Were you unable to concentrate at school or while doing your homework? NO YES

c Je ulishindwa kuwa makini shuleni au wakati wa kufanya kazi ya nyumbani?

d Did you fail to finish things, such as school work, projects, etc.? NO YES
d Ulikuwa huwezi kumaliza vitu kama kazi ya shule , au shughuli nyingine?

e Were you short tempered, irritable, or did you have a "short fuse", or tend to explode. NO YES
e Ulikuwa unakasirika haraka sana, au kuwa na jazba au hamaki?

f Did things have to be repeated to you many times before you did them? NO YES
f Je mambo yalilazimika kurudiwa rudiwa kabla hujayafanya?

g Did you tend to be impulsive without thinking of the consequences? NO YES
g Ulikuwa na tabia ya kufanya mambo kwa jazba bila kufikiria matokeo yake?

h Did you have difficulty waiting for your turn, frequently needing to be first? NO YES
h Ulikuwa na shida ya kusubiria zamu yako ifike au kutaka kuwa wa kwanza mara zote?

i Did you get into fights and/or bother other children? NO YES
i Ulikuwa unapigana au kuudhi sana watoto wengine?

j. Did your school complain about your behavior? NO YES
j. Shule yako imewahi kulalamika juu ya hizo tabia zako? \

W5 (SUMMARY): ARE 6 OR MORE W5 ANSWERS CODED YES? NO YES
W5 (UFUPISHO) VIPENGELE 6 AU ZAIDI VYA W5 VIMEJIBIWA NDIO? \
W6 Did you have some of these hyperactive-impulsive or inattentive symptoms before you were 7 years old? NO YES
W6 Je ulikuwa na baadhi ya hizi dalili za kuhangaika , kutenda bila kufikiria au kutokutulia kabla ya umri wa miaka 7
As an adult:
Kama mtu mzima
W7 a Are you still distractible? NO YES
a Je bado unavurugwa kwa urahisi?

b Are you intrusive, or do you butt in, or say things that you later regret either to friends, at work, or home? NO YES
b Je bado unaingilia au kuropoka mambo ambavyo baadae unajuta kwa marafiki, kazini au nyumbani?

c Are you impulsive, even if you have better control than when you were a child? NO YES

c Je bado unafanya mambo bila kufikiria japokuwa umejitahidi zaidi kujitawala zaidi ya ulivyokuwa mtoto

d Are you still fidgety, restless, always on the go, even if you have better control than when you were a child? NO YES

d Je bado huwezi kutulia sehemu moja, unahangaika , kila mara unataka kwenda, japokuwa umejitahidi zaidi kujitawala zaidi ya ulivyokuwa motto?

e Are you still irritable and get angrier than you need to? NO YES

e Je bado unakuwa mkali, na kukasirika kupita kiasi?

f Are you still impulsive? For example, do you tend to spend more money than you really should? NO YES

f Je bado unafanya mambo bila ya kufikiria/jazba mfano, unatumia pesa zaidi ya unavyotakiwa kutumia?

g Do you have difficulty getting work organized? NO YES

g Je unapata ugumu wa kupangilia kazi zako?

h Do you have difficulty getting organized even outside of work? NO YES

h Je unapata ugumu wa kuwa na mpangilio hata nje ya kazini?

i Are you under-employed or do you work below your capacity? NO YES

i Je una ajira iliyo chini ya kiwango chako au unafanya kazi iliyo chini ya kiwango chako?

j Are you not achieving according to people's expectations of your ability? NO YES

Je unafikia malengo yako kulingana na matarajio ya watu juu ya uwezo wako?

k Have you changed jobs or have been asked to leave jobs more frequently than other people? NO YES

Je umekuwa ukibadili kazi au kuambiwa uache kazi mara nyingi kuliko watu wengine?

l Does your spouse complain about your inattentiveness or lack of interest in him/her and/or the family? NO YES

Je mwenza wako amewahi kulalamika juu ya kutokutulia kwako au kukosa mvuto kwake au kwa familia?

m Have you gone through two or more divorces, or changed partners more than others? NO YES

m Umewahi hutalakishwa mara mbili au zaidi au kubadilisha wapenzi zaidi ya wengine?

n Do you sometimes feel like you are in a fog, like a snowy television or out of focus? NO YES

W7 (SUMMARY): ARE 9 OR MORE W7 ANSWERS CODED YES? NO YES

W7 (UFUPISHO) JE VIPENGELE 9 AU ZAIDI VYA W7 VIMEJIBIWA NDIO?

W8 Have some of these symptoms caused significant problems in two or more of the following situations: at school, at work, at home, or with family or friends? NO YES

W8 Je baadhi ya dalili hizi zimesababisha matatizo makubwa katika sehemu mbili au zaidi ya zifuatazo: shuleni, kazini, nyumani, marafiki au familia?

IS W8 CODED YES?
JE KIPENGELE W8 KIMEJIBIWA NDIO?

NO YES
Attention Deficit/Hyperactivity Disorder

X. ADJUSTMENT DISORDERS
X. MAGOJWA REKEBISHO

(\ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. SKIP THE ADJUSTMENT DISORDER SECTION IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING
AXIS I OR II DISORDER

HATA KAMA MSONGO WA KIMAISHA UPO AU MSONGO ULIZIDISHA UGONJWA USITUMIE ADJUSTMENT DISORDER ENDAPO KUNA UGONJWA MWINGINE WA KIAKILI

RUKA KIPENGELE CHA ADJUSTMENT DISORDER KAMA DALILI ZA MGONJWA ZINATOSHELEZA AINA FULANI YA MAGONJWA YA MUHIMILI WA KWANZA WA MAGONJWA YA AKILI AU NI MUENDELEZO WA UGONJWA ULIOKUWEPO WA MUHIMILI 1 AU II DISORDER

ONLY ASK THESE QUESTIONS IF PATIENT CODES NO TO ALL OTHER DISORDERS.

ULIZA MASWALI HAYA ENDAPO VIPENGELE VINGINE VYOTE VIMEJIBIWA NDIO

X1 Are you having emotional or behavioral symptoms as a result of a life of stress? [Examples NO YES

include anxiety/depression/misbehavior/physical complaints (examples of misbehavior include fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or doing illegal things)].

X1 Je una matatizo ya mhemko/kihisia au kitabia yatokanayo na msongo wa kimaisha? Mfano wasiwasi mwingi,/sonona, tabia mbaya/ shida za kimwili. Mfano wa tabia mbaya ni kama kupigana, kuendesha rafu, kukataa/kutoroka shule, na kufanya mambo kinyume cha sheria

X2 Did these emotional/behavioral symptoms start within 3 months of the onset of the stressor? NO YES
Je dalili hizi za kihisia/ kimawazo zilianza ndani ya miezi matatu baada ya kuanza kwa shida/msongo?

X3 a Are these emotional/behavioral symptoms causing marked distress beyond what would be expected? NO YES

a Je dalili hizi za kihisia/ kimawazo zinakusababishia matatizo zaidi ya inavyotegemewa/ kupita kiasi?

b Are these emotional/behavioral symptoms causing significant impairment in your ability to function socially, at work, or at school? NO YES

b Je dalili hizi za kihisia/ kimawazo/ kitabia zinakusababishia matatizo makubwa kaiasi cha kuathiri uwezo wako wa kikazi, kijamii au katika nyanja nyingine muhimu?

X4 Are these emotional/behavioral symptoms due entirely to the loss of a loved one (bereavement) and are they similar in severity, level of impairment and duration to what most others would suffer under similar circumstances? (If so this is uncomplicated bereavement.) NO YES

X4 Je dalili hizi za kihisia/ kimawazo/ kitabia zinatokana na kufiwa na mtu uliyempenda (maombolezo)? Na je unadhani watu wengine wangeteseka kama wangekumbana na hali kama hiyo? (kwa kiwango, kushindwa kufanya shuguli na kwa kipindi ?) (Kama ndivyo itakuwa ni maombolezo ya kawaida)

HAS UNCOMPLICATED BEREAVEMENT BEEN RULED OUT? NO YES
JE MAOBOLEZO YA KAWAIDA YAMEENGULIWA?

X5 Have these emotional/behavioral symptoms continued for more than 6 months after the stress stopped? NO YES

X5 Je dalili hizi za kihisia/ kimawazo/ kitabia zimeendelea kwa zaidi ya miezi sita baada ya tatizo kuisha?

WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES ARE PRESENT? MARK ALL THAT APPLY
AINA GANI YA YA HISIA/TABIA ZIFUATAZO ZIPO? .

A Depression, tearfulness or hopelessness. o
Sonono, kutaka kulia au kukosa matumaini

B Anxiety, nervousness, jitteriness, worry. o

Wasiwasi, kuogopa sana, kutetemeka

C Misbehavior (for example, fighting, driving recklessly, skipping school, vandalism, violating other's rights, doing illegal things). o

C Tabia mbaya kama kupigana, kuendesha vibaya, kukataa/ kutoroka shule, kuonea wengine, kufanya mambo kinyume cha sheria

D Work problems, school problems, physical complaints or social withdrawal. o

Shida za kikazi, kishule, kimwili, au kushindwa kujihusisha kijamii

IF MARKED:

- A only, then code as Adjustment disorder with depressed mood. 309.0

Kama kimejibiwa kipengele A peke yake, recodi Adjustment disorder with depressed mood. 309.0

- B only, then code as Adjustment disorder with anxious mood. 309.24

Kama kimejibiwa kipengele B peke yake, recodi Adjustment disorder with anxious mood. 309.24

- C only, then code as Adjustment disorder of conduct. 309.3

Kama kimejibiwa kipengele C peke yake, recodi Adjustment disorder of conduct 309.3

- A and B only, then code as Adjustment disorder with mixed anxiety and depressed mood. 309.28

Kama kimejibiwa kipengele A na B peke yake, recodi Adjustment disorder with mixed anxiety and depressed mood. 309.28

- C and (A or B), then code as Adjustment disorder of emotions and conduct. 309.4

Kama kimejibiwa kipengele C na (A au B), recodi Adjustment disorder with Emotionl and conduct. 309.4

- D only, then code as Adjustment Disorder unspecified. 309.9

Kama kimejibiwa kipengele D peke yake, recodi Adjustment disorder unspecified 309.9

IF X5 IS CODED NO, THEN CODE DISORDER YES WITH SUBTYPE.
KAMA X5 KIMEJIBIWA NDIO REKODI DISORDER NDIO NA AINA YAKE

NO YES
Adjustment Disorder with subtype_____see above with_____
(see above for subtypes)

Y. PREMENSTRUAL DYSPHORIC DISORDER

Y. HALI YA KUJISIKIA HASIRA KALI/KUUDHIKA KABLA YA SIKU ZA HEDHI

(MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE NO, AND MOVE TO THE NEXT MODULE)

Y1 During the past year, were most of your menstrual periods preceded by a period lasting about one week when your mood changed significantly? NO YES

Y1 Katika kipindi cha mwaka mmoja uliopita, je siku zako za hedhi zilitanguliwa na kipindi cha muda wa wiki moja ambapo hisia zako zilibalilika sana?

Y2 During these periods, do you have difficulty in your usual activities or relationships with others, are you less efficient at work, or do you avoid other people? NO YES

Y2 Je katika kipindi hiki, una shida katika shughuli zako za kawaida au mahusiano na wengine, na je ufanisi wako katika kazi umepungua au unaepuka watu?

Y3 During these premenstrual episodes (but not at in the week after your period ends) do you have the following problems most of the time:

Y3 Je katika vipindi hivi vya kabla ya hedhi(lakini sio wiki inayofuata baada ya hedhi kuisha) unakuwa na shida zifuatazo muda mwingi?

a Do you feel sad, low, depressed, hopeless, or self-critical? NO YES

a Unakuwa na huzuni, kujihisi huna furaha, kukosa matumaini au kujikosoa kosoa?

b Do you feel particularly anxious, tense, keyed up or on edge? NO YES

b unajihisi uoga mwingi, kukakamaa kuamshwa, au mwenye kiherehere

c Do you often feel suddenly sad or tearful, or are you particularly sensitive to others' comments? NO YES

c Unajisikia huzuni ghafla au kutaka kulia, au kikisemwa chochote kukuhusu kinakugusa sana?

d Do you feel irritable, angry or argumentative? NO YES

d Unaudhika haraka au kushikwa na hasira au kubishana sana?

ARE 1 OR MORE Y3 ANSWERS CODED YES? NO YES

JE KIPENGELE KIMOJA AU ZAIDI CHA Y3 KIMEJIBIWA NDIO?

e Are you less interested in your usual activities, such as work, hobbies or meeting with friends? NO YES

e Je umepoteza hamu katika shuguli zako za kila siku kama kazini, vitu unavyovipendelea, au kukutana na marafiki

f Do you have difficulty concentrating? NO YES

f Je unapatwa na shida ya kuwa makini?

g Do you feel exhausted, tire easily, or lack energy? NO YES
g Je unajisikia kuishiwa na nguvu au kuchoka sana?

h Does your appetite change, or do you overeat or have specific food cravings? NO YES
h Je hamu yako ya kula inabadilika au kula kupita kiasi au kuna chakula ambacho unakitamani sana?

i Do you have difficulty sleeping or do you sleep excessively? NO YES
i Je una shida ya kupata usingizi au kulala sana?

j Do you feel you are overwhelmed or out of control? NO YES
i Je unajisikia kuelemewa na mambo au kushindwa kujitawala?

k Do you have physical symptoms such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of bloating, or weight gain? NO YES ?
k Je una dalili za kimwili kama vile matiti kuuma au kuvimba, kichwa kuuma, maumivu ya viungo, maumivu ya misuli, kuhisi kuvimbiwa au kuongezeka uzito?

ARE 5 OR MORE Y3 ANSWERS CODED YES?
JE VIPENGELE VITANO AU ZAIDI VYA Y3 VIMEJIBIWA NDIO?

IF YES, DIAGNOSIS MUST BE CONFIRMED BY PROSPECTIVE DAILY RATINGS DURING AT LEAST 2 CONSECUTIVE CYCLES.

NO YES
Premenstrual Dysphoric Disorder Probable
CURRENT

Z. MIXED ANXIETY-DEPRESSIVE DISORDER
Z. MCHANGAYIKO WA UGONJWA WA WASIWASI MKUBWA NA HUZUNI
DO NOT USE THIS MODULE ALONE WITHOUT FIRST COMPLETING ALL THE ANXIETY AND MOOD DISORDERS.
(↘ MEANS : GO TO THE DIAGNOSTIC BOX AND CIRCLE NO.
[SKIP THIS DISORDER IF PATIENT 'S SYMPTOMS HAVE ALREADY MET CRITERIA FOR ANY OTHER DISORDER AND CODE NO IN THE DIAGNOSTIC BOX.]

Z1 Have you been depressed or down consistently for at least a month? NO YES

Z1 Je umekuwa ukijihisi kukosa furaha au kuwa mnyonge muda mwingi kwa kipindi cha angalau mwezi mmoja?

Z2 When you felt depressed did you have any of the following symptoms for at least one month:
Ulipojihisi kukosa furaha ulikuwa na dalili zozote zifuatazo kwa kipindi cha angalau mwezi mmoja?

a. Did you have difficulty concentrating or find your mind going blank? NO YES
a Je ukushindwa kuwa makini au kuhisi akili yako inakuwa tupu?

b. Did you have trouble sleeping (difficulty falling asleep, waking up in the middle of the night, early morning wakening, or sleeping excessively)? NO YES
b Je ulikuwa na shida ya usingizi(shida ya kupata usingizi, kuamka katikati ya usiku,kuamka asubuhi na mapema au kulala kupita kiasi?

c. Did you feel tired or low in energy? NO YES
c Je ulijisikia kuchoka au kukosa nguvu?

d. Did you feel irritable? NO YES
d Je ulijisikia kuudhika haraka?

e. Did you worry too persistently for at least a month? NO YES
e Je ulishikwa na wasiwasi muda wote kwa kipindi cha angalau mwezi mmoja?

f. Did you cry easily? NO YES
f Je ulilia kwa urahisi?

g. Were you always on the lookout for possible dangers? NO YES
g Je ulikuwa muda wote unaangalia kama kuna hatari ingeweza kutokea?

h. Did you fear the worst? NO YES
h Je iliogopa kupita kiasi?

i. Did you feel hopeless about the future? NO YES
i Je ulikosa matumaini kuhusu siku za mbeleni?

j. Was your self-confidence low, or did you feel worthless? NO YES
i Je ujasiri wako ulipungua au ulijihisi kutokuwa na thamani?

Summary of Z2: ARE 4 OR MORE Z2 ANSWERS CODED YES? NO YES

UFUPISHO WA Z2: JE VIPENGELE VINNE AU ZAIDI VYA Z2 VIMEJIBIWA NDIO?

Z3 Do these symptoms cause you significant distress or impair your ability to function at NO YES work, socially, or in some other important way?

Z3 Je dalili hizi zilikupa shida kubwa au kuathiri uwezo wako wa kikazi, kijamii au katika nyanja nyingine muhimu ?

Z4 a Were you taking any drugs or medicines just before these symptoms began?

Z4 a Je kuna dawa zozote ulikuwa unatumia kabla ya kuanza kwa hizi dalili?

b Did you have any medical illness just before these symptoms began?

b Je ulikuwa na ugonjwa wowote wa kitabibu kabla ya kuanza kwa hizi dalili?

IN THE CLINICIAN'S JUDGMENT are either of these likely to be direct causes of the patient's symptoms?

HAS AN ORGANIC CAUSE BEEN RULED OUT? NO YES UNCERTAIN

Z5 a. The patient's symptoms meet criteria for: Major Depression LIFETIME NO YES

Dysthymia LIFETIME NO YES

Panic Disorder LIFETIME NO YES

Generalized Anxiety Disorder LIFETIME NO YES

a Dalili za mgonjwa zimefikia kigezo vya: Tukio la sonona LIFETIME

Disthimia LIFETIME

Ugonjwa wa hofu kubwa LIFETIME

b. The patient's symptoms CURRENTLY meet criteria for: any other anxiety disorder NO YES

any other mood disorder NO YES

Dalili za mgonjwa kwa sasa ziefikia vigezo vya: aina yoyote nyingine ya ugonjwa wa Wasiwasi mkubwa

aina yoyote ingine ya ya magojwa ya hisia

c. The patient's symptoms are better accounted for by another psychiatric disorder. NO YES
Dalili za mgonjwa zaweza kutokana zaidi na magonjwa mengine ya akili

Z6 IS Z5C CODED YES?
Z6 JE KIPENGELE Z5C KIMEJIBIWA NDIO?

NO YES

MIXED ANXIETY - DEPRESSIVE DISORDER CURRENT