

Depressive Symptoms and Its Associated Factors among Senior Citizens of Baijanath Rural Municipality, Nepal

Form No:

Date of interview:

Village/Tol:

Ward no.:

Municipality:

Contact Information of the participant:

Name of Interviewer:

Time of interview:

Section-A: Demographic Information		
S.N.	Questions	Response
A1	Age (in completed year) / Date of Birth	
A2	Sex	1. Male 2. Female
A3	Which religions do you follow?	1. Hinduism 2. Buddhism 3. Christian 4. Islam 5. Others.....
A4	Which ethnic group do you belong to?	1. Dalit 2. Underprivileged Janajaties 3. Privileged Janajaties 4. Unprivileged non-Dalit Terai 5. Brahmin/Chhetri/Sanyasi/Shahi 6. Religions Minorities
A5	What is your marital status?	1. Never Married 2. Married 3. Widowed/Widower 4. Divorced/Separated
A6	Whom do you currently live with (Living Arrangement)	1. Alone 2. With spouse 3. Living with friends 4. Living with their children 5. Both spouse and children

A7	No. of Family Members	
A8	No. of family Members currently living together	
A9	What is your family type?	1. Nuclear 2. Joint 3. Extended
A10	What is your educational level?	1. Illiterate 2. In-formal education 3. Primary level (1-5 class) 4. Lower secondary level (6-8 class) 5. Secondary level (9-10 class) 6. Higher secondary level (11-12 class) 7. Bachelor degree and above (Above 12 class)
A11	Are you currently employed?	1. Yes (Move to A12 and skip A13) 2. No (Move to A13 and skip A12)
A12	If yes, what is your current occupation?	1. Agriculture 2. Government 3. Private office 4. Business 5. Daily Wages 6. Housewife 7. Foreign Employment 8. Others
A13	What is your major financial source / major source of income	1. Agriculture 2. Jobs/ work 3. Pension/ Government allowance only 4. From children

A14: IWI related questions: Do you have.....

1	TV	1. Yes	2. No	0. Unknown	
2	Refrigerator	1. Yes	2. No	0. Unknown	
3	Phone	1. Yes	2. No	0. Unknown	
4	Bike	1. Yes	2. No	0. Unknown	
5	Car	1. Yes	2. No	0. Unknown	
6	Cheap utensil (<5000 Nrs)	1. Yes	2. No	0. Unknown	
7	Expensive utensil (>33000 Nrs)	1. Yes	2. No	0. Unknown	
8	Electricity	1. Yes	2. No	0. Unknown	
9	Main source of drinking water	1. Low	2. Middle	3. High	0. Unknown
10	Toilet facility usually used	1. Low	2. Middle	3. High	0. Unknown
11	Main floor materials	1. Low	2. Middle	3. High	0. Unknown
12	No. of room for sleeping	1. One	2. Two	3. Three	0. Unknown

Section-B: Individual Factors		
S.N.	Questions	Response
B1	Have you ever consumed alcohol? If no, skip B2, B3 and B4.	1. Yes 2. No
B2	Are you a current or past user? If past user, skip B3 and B4.	1. Current user (past 1 years) 2. Past user (More than 1 years)
B3	If current user, how many times do you consume alcohol?	1. Daily 2. 1-2 times a week 3. 1-2 times a month 4. 1-2 times a year
B4	What type of alcohol do you consume? Multiple Response	1. Whiskey 2. Beer 3. Local/Homemade 4. Wine 5. Others.....
B5	Have you ever smoked tobacco? If no, skip B6, B7 and B8.	1. Yes 2. No
B6	Are you a current or past user? If past user, skip B7 and B8.	1. Current user (past 1 years)

		2. Past user (More than 1 years)
B7	If current user, how many times do you smoke tobacco?	1. Daily 2. 1-2 times a week 3. 1-2 times a month 4. 1-2 times a year
B8	What type of tobacco do you smoke? Multiple Response	1. Cigarettes 2. Hukkah's 3. Bidis 4. Pipes 5. Others.....
B9	Have you ever consumed chewing tobacco? If no, skip B10, B11 and B12.	1. Yes 2. No
B10	Are you a current or past user? If past user, skip B11 and B12.	1. Current user (past 1 years) 2. Past user (More than 1 years)
B11	If current user, how many times do you consume chewing tobacco?	1. Daily 2. 1-2 times a week 3. 1-2 times a month 4. 1-2 times a year
B12	What type of chewing tobacco do you consume? Multiple Response	1. Surti 2. Gutkha 3. Paan 4. Khaini 5. Others.....
B14	Do you need financial support from your children?	1. Yes 2. No
B15	Do you have any diagnosed chronic diseases? If no, skip B16 and B17.	1. Yes 2. No
B16	What are they? Multiple Response	1. Hypertension 2. Diabetes 3. Cholesterol 4. COPD

		5. Asthma 6. Arthritis 7. Visual problems 8. Other.....
B17	No of chronic diseases	

B18: Functional Ability		
Katz Index of Independence in Activities of Daily Living (ADL)		
Activities	Independence	Dependency
BATHING Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	(1 POINT) Exercises complete self-control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	(1 POINT) Gets food from plate into mouth without help.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.

	Preparation of food may be done by another person.	
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Section-C: Assessment of Geriatric Depression Scale-15			
S.N.	Questions	Answers	
C1	Are you basically satisfied with your life?	Yes	No
C2	Have you dropped many of your activities and interests?	Yes	No
C3	Do you feel that your life is empty?	Yes	No
C4	Do you often get bored?	Yes	No
C5	Are you in good spirits most of the time?	Yes	No
C6	Are you afraid that something bad is going to happen to you?	Yes	No
C7	Do you feel happy most of the time?	Yes	No
C8	Do you often feel helpless?	Yes	No
C9	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
C10	Do you feel you have more problems with memory than most people?	Yes	No
C11	Do you think it is wonderful to be alive?	Yes	No
C12	Do you feel pretty worthless the way you are now?	Yes	No
C13	Do you feel full of energy?	Yes	No
C14	Do you feel that your situation is hopeless?	Yes	No
C15	Do you think that most people are better off than you are?	Yes	No

Section D: Social Supports		
S.N.	Questions	Response
D1	Do you participate in any social events i.e. family and friend's gatherings, family functions and so on?	1. Yes 2. No
D2	In your opinion, how supportive is your spouse in terms of decision making?	1. Very supportive 2. Supportive 3. Neutral 4. Not so supportive 5. Not supportive at all
D3	In your opinion, how supportive are your family member in terms of decision making?	1. Very supportive 2. Supportive

		3. Neutral 4. Not so supportive 5. Not supportive at all
D4	In your opinion, how supportive are your friends/social network in terms of decision making?	1. Very supportive 2. Supportive 3. Neutral 4. Not so supportive 5. Not supportive at all

Section-E: Familial Factors		
S.N.	Questions	Response
E1	Do any family member of yours consumed alcohol? If no, skip E2 and E 3.	1. Yes 2. No
E2	If yes, how many times do they consume alcohol?	5. Daily 6. 1-2 times a week 7. 1-2 times a month 8. 1-2 times a year
E3	What type of alcohol do they consume? Multiple Response	1. Whiskey 2. Beer 3. Local/Homemade 4. Wine 5. Others.....
E4	Do any family members of yours smoke tobacco? If no, skip E5 and E6.	1. Yes 2. No
E5	If yes, how many times do they smoke tobacco?	1. Daily 2. 1-2 times a week 3. 1-2 times a month 4. 1-2 times a year
E6	What type of tobacco do they smoke? Multiple Response	1. Cigarettes 2. Hukkah's 3. Bidis 4. Pipes

		5. Others.....
E7	Do any family members of yours consume chewing tobacco? If no, skip E8 and E9.	1. Yes 2. No
E8	E8: If yes, how many times do they consume chewing tobacco?	1. Daily 2. 1-2 times a week 3. 1-2 times a month 4. 1-2 times a year
E9	What type of chewing tobacco do they consume? Multiple Response	1. Surti 2. Gutkha 3. Paan 4. Khaini 5. Others.....