

ANNEX 2
MICS Module on Mental Health among adolescents and young people

Section 1: Symptoms of Depression and Anxiety

During the past two weeks, how often have..		Never	Sometimes	Often	Always
1	You been feeling very sad or depressed?	0	1	2	3
2	You felt easily annoyed or irritable at small things?	0	1	2	3
3	You not enjoyed doing things you used to enjoy (like playing sports, singing and dancing, spending time with friends, watching videos)?	0	1	2	3
4	You felt hopeless about the future?	0	1	2	3
5	You felt nervous, anxious, or on edge?	0	1	2	3
6	You worried you can't do anything right or are doing things poorly?	0	1	2	3
7	You worried about what others think of you?	0	1	2	3
8	You worried something bad will happen to you or your family?	0	1	2	3
9	You worried too much about different things?	0	1	2	3
10	You felt unable to stop or control your worries?	0	1	2	3

During the past two weeks, how often have...		Never	Sometimes	Often	Always
11	You not wanted to eat even when food is available or eaten too much?	0	1	2	3
12	You had difficulty falling asleep, problems sleeping well, or sleeping too much?	0	1	2	3
13	You felt you got tired easily or did not have energy to do daily activities?	0	1	2	3
14	You had trouble concentrating on things, such as doing homework, household chores, or other activities (such as using watching videos or using social media: WhatsApp/Instagram)?	0	1	2	3
15	You felt lonely?	0	1	2	3
16	You felt like a failure or like you have let yourself or your family down?	0	1	2	3
17	You had thoughts that you would rather be dead or thoughts of hurting yourself?	0	1	2	3
18	Other people said that you have been moving more slowly than usual?	0	1	2	3
19	Others said that you are restless or that you can't sit still?	0	1	2	3
20	You felt that it was difficult to breathe?	0	1	2	3
21	You felt dizziness or faint?	0	1	2	3
22	You gotten suddenly scared for no reason or without knowing what made you scared?	0	1	2	3
23	You had difficulty relaxing or difficulty feeling calm?	0	1	2	3
24	You felt like your heart was pounding or beating too fast?	0	1	2	3
25	You had headaches or muscle tension?	0	1	2	3

If rating any item 1-4 with score of "2" or higher, continue to 11-21

If rating any item 5-10 with score of "2" or higher, continue to 19-25

**Note: if an adolescent is completing both the depression and anxiety sections, questions AMH19, AMH20, and AMH21 do not need to be asked in the anxiety section because they are already covered in the depression section.

Section 2-4: Functional Limitations, Suicidal Thoughts and Behaviors, and Mental Health Care and Connectedness

Section 2: Adolescents and Young People's Functional Limitations	
1	How often did any of the feelings and experiences you mentioned in the earlier questions negatively affect your ability to perform your daily activities or your relationships at home during the past two weeks?
	Never 0
2	How often did any of the feelings and experiences you mentioned in the prior questions negatively affect your ability to perform your activities at school or work during the past two weeks?
	Sometimes 1
	Often 2
	Always 3
3	How often did any of the feelings and experiences you mentioned in the questions above negatively affect your relationships with your peers during the past two weeks?

Section 3: Adolescents and Young People's Suicidal Thoughts and Behaviors	
1	In the past 12 months , did you try to harm yourself with the intention or desire to end your life? For example, by taking poison, hanging yourself, jumping off a cliff or bridge, or throwing yourself in front of a moving car?
	<i>Instruction: If Yes, Skip Question 2 and go to Question 3.</i>
	Yes 1
	No 2
2	In your whole life, did you ever try to harm yourself with the intention or desire to end your life?
3	In the past 2 weeks , have you thought about doing something to end your life?

Note: Referral instructions to be country customized and included here.

Section 4: Adolescents and Young People's Mental Health Care and Connectedness	
1	From the start of this interview, we have been talking about different feelings, experiences and problems that people your age may go through. How often do you talk to someone else about these sorts of feelings and experiences?
	Never 0
	Sometimes 1
	Often 2
	Always 3
2	In the past month have you talked to anybody about these kinds of problems or worries?
	<i>Instructions: If No, Skip Question 3 and go to Question 4.</i>
	Yes 1
	No 2
3	Who have you talked to?
	<i>Instructions: Examples for professionals include counsellors, doctors/nurses or health aid; and for other persons include parents, other relatives, teachers, friends, and others.</i>
	Record all mentioned.
4	I would like to know if you think your parents/caregivers understand your problems and worries. Would you say they understand them: never, sometimes, often, or always?
	Never 0
	Sometimes 1
	Often 2
	Always 3

