EFFECTIVENESS OF MBCT AMONG LGBTQ+YOUTH IN KENYA

My names are Angeline Ayieko, PhD student at Daystar university, Nairobi, Kenya. The title of the study is "Effectiveness of Mindfulness-Based Cognitive Therapy in Treating Depression among Lesbian, Gay, Bisexual, Transgender and Questioning Youth: Selected Community-Based Organizations in Kenya". This study explores how effective Mindfulness-Based Cognitive Therapy (MBCT) is in reducing symptoms of depression among LGBTQ+ youth in Kenya, specifically those aged 20–35. Participants are being recruited from selected community-based organizations (CBOs) in Nairobi, Kisumu, and Mombasa.

You will be asked to complete a questionnaire that includes personal information, the Beck Depression Inventory (BDI), and the Five Facet Mindfulness Questionnaire (FFMQ). To protect your privacy, you will use a pseudonym. Only the community-based organizations (CBO) manager will link your identity to the pseudonym, and all data will be securely stored by the researcher.

For more	informat	tion vou	can co	antact	ma th	rough.
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+254 707 772 991

or

angelineayieko@gmail.com

Consent for participation *

Check all that apply.

I have read and understood the content of this consent form; the details of the project/study, and the basis for my participation. I also understand that I am free to choose to be part of the study and i can withdraw my participation at anytime. I have also understood that there is no monetary compensation to resond to the questions. I have therefore agreed to participate in this study voluntarily and without any coercion whatsoever.

Section A: Socio Demographic Questionnaire

This section asks for your personal information.

^{*} Indicates required question

Date of visit			
xample: January 7	2019		
nstitution Code			
Operator Code			
What is your high	est level of educa	ion you have cor	mpleted? *
What is your high	ıl.	ion you have cor	npleted? *
What is your high Mark only one ova	l. lucation	ion you have cor	mpleted? *
What is your high Mark only one ova No formal ed Primary Scho	l. lucation	ion you have cor	mpleted? *
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What is your high Mark only one ova No formal ed Primary School High School A college/ te	lucation ool Graduate or GED chnical training		mpleted? *

8.	Please describe your living situation *
	Mark only one oval.
	Own or buying a home
	Renting a home/apartment
	Living without paying rent
	Living with friend
	Living with family
	No permanent residence
	Living in a correctional facility
9.	How do you pay for healthcare? *
	Mark only one oval.
	Government funding
	Private health insurance
	Out-of-pocket(self-pay)
	Other:
10	
10.	Do you currently work for pay outside the home? *
	Mark only one oval.
	Yes
	No

11.	What is your current employment status? *
	Mark only one oval.
	Working full-time
	Working part-time
	Unemployed but looking for work
	Unemployed and not looking for work
	Disabled or retired
	Student
12.	What is your total household income over the past 12 months (before taxes) *
	Mark only one oval.
	Less than 5,000
	5,000-19,999
	20,000 - 49,999
	50,000 - 99,999
	More than 150,000
	On't know
	Prefer not to say

SOCIAL SUPPORT

Next we'd like to ask you about your relationships with family and friends. For each statement please say how often it is true: Never, sometimes, usually or always. For KSS1 – KSS8, response categories are:

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

13.	1. My family really tries to help me *
	Mark only one oval.
14.	2. My family lets me know that they care about me *
	Mark only one oval.
15	
15.	3. I can talk about my problems with my family *
	Mark only one oval.
	3
	4

16.	4. My family is willing to help me make decisions *
	Mark only one oval.
	1
	2
	3
	4
17.	5. My friends really try to help me *
	Mark only one oval.
	1
	2
	3
	4
18.	6. I can count on my friends when things go wrong *
	Mark only one oval.
	1
	2
	3
	4

19.	7. I have mends with whom I can share my good times and bad times.
	Mark only one oval.
20.	8. I can talk about my problems with my friends *
	Mark only one oval.
The rincluder with they	OSURE TO FAMILY VIOLENCE AND ABUSE next set of questions are about people who have taken care of you – that would de your parents, stepparents, and their parents' boyfriends or girlfriends, whether you lived them or not. It would also include other grown-ups, like grandparents or foster parents if took care of you on a regular basis. When we say "parent" in these next questions, we mean of these people.
21.	1. At any time in your life, did one of your parents threaten to hurt another parent and it seemed they might really get hurt?
	Mark only one oval.
	Yes No

22.	or ruin anything belonging to another parent, punch the wall, or throw something?
	Mark only one oval.
	Yes No
23.	3. At any time in your life, did one of your parents get pushed by another parent? *
	Mark only one oval.
	✓ Yes No
24.	4. At any time in your life, did one of your parents get hit or slapped by another parent?
	Mark only one oval.
	Yes
	No
25.	5. At any time in your life, did one of your parents get kicked, chocked, or beat up *
	by another parent?
	Mark only one oval.
	Yes
	◯ No

26.	6. Now we want to ask you about fights between any grown-ups and teens, not just between your	*
	parents. At any time in your life, did any grown-up or teen who lives with you	
	push, hit, or beat	
	up someone else who lives with you, like a parent, brother, grandparent, or other relative?	
	Mark only one oval.	
	Yes	
	No	
Se	ction B: Beck Depression Inventory	
	is depression inventory can be self-scored. The scoring scale is at the end of the estionnaire.	
27.	1. *	
	Mark only one oval.	
	I do not feel sad.	
	I feel sad	
	I am sad all the time and I can't snap out of it.	
	I am so sad and unhappy that I can't stand it.	
28.	2. *	
	Mark only one oval.	
	I am not particularly discouraged about the future.	
	I feel discouraged about the future.	
	I feel I have nothing to look forward to.	
	I feel the future is hopeless and that things cannot improve.	

29. 3. *

	Mark only one oval.
	I do not feel like a failure. I feel I have failed more than the average person. As I look back on my life, all I can see is a lot of failures. I feel I am a complete failure as a person.
30.	4. *
	Mark only one oval.
	I get as much satisfaction out of things as I used to. I don't enjoy things the way I used to. I don't get real satisfaction out of anything anymore. I am dissatisfied or bored with everything.
31.	5. *
	Mark only one oval.
	I don't feel particularly guilty
	I feel guilty a good part of the time.
	I feel quite guilty most of the time.
	I feel guilty all of the time.

32.	6. *
	Mark only one oval.
	I don't feel I am being punished.
	I feel I may be punished.
	I expect to be punished.
	I feel I am being punished.
33.	7. *
	Mark only one oval.
	I don't feel disappointed in myself.
	I am disappointed in myself.
	I am disgusted with myself.
	I hate myself.
34.	8. *
	Mark only one oval.
	I don't feel I am any worse than anybody else.
	I am critical of myself for my weaknesses or mistakes.
	I blame myself all the time for my faults.

I blame myself for everything bad that happens.

35. 9. * Mark only one oval. I don't have any thoughts of killing myself. I have thoughts of killing myself, but I would not carry them out. I would like to kill myself. I would kill myself if I had the chance. 36. 10. * Mark only one oval. I don't cry any more than usual. I cry more now than I used to.) I cry all the time now. I used to be able to cry, but now I can't cry even though I want to. 37. 11. * Mark only one oval. I am no more irritated by things than I ever was.

) I am slightly more irritated now than usual.

I feel irritated all the time.

I am quite annoyed or irritated a good deal of the time.

38. 12. * Mark only one oval. I have not lost interest in other people. I am less interested in other people than I used to be. I have lost most of my interest in other people. I have lost all of my interest in other people. 13. * 39. Mark only one oval. I make decisions about as well as I ever could. I put off making decisions more than I used to. I have greater difficulty in making decisions more than I used to. I can't make decisions at all anymore 40. 14. * Mark only one oval.

I don't feel that I look any worse than I used to.

) I am worried that I am looking old or unattractive.

I feel there are permanent changes in my appearance that make me look

unattractive

I believe that I look ugly.

41.	15. *
	Mark only one oval.
	I can work about as well as before. It takes an extra effort to get started at doing something. I have to push myself very hard to do anything. I can't do any work at all.
42.	16. *
	Mark only one oval.
	I can sleep as well as usual. I don't sleep as well as I used to. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. I wake up several hours earlier than I used to and cannot get back to sleep
43.	17. *
	Mark only one oval.
	I don't get more tired than usual.
	I get tired more easily than I used to.
	I get tired from doing almost anything.

I am too tired to do anything.

44.	18. *
	Mark only one oval.
	My appetite is no worse than usual.
	My appetite is not as good as it used to be.
	My appetite is much worse now.
	I have no appetite at all anymore.
45.	19. *
	Mark only one oval.
	I haven't lost much weight, if any, lately.
	I have lost more than five pounds.
	I have lost more than ten pounds.
	I have lost more than fifteen pounds
46.	20. *
	Mark only one oval.
	I am no more worried about my health than usual.
	I am worried about physical problems like aches, pains, upset stomach, or constipation
	I am very worried about physical problems and it's hard to think of much else.
	I am so worried about my physical problems that I cannot think of anything else.

47. 21. *****

Mark only one oval.	
I have not noticed any recent change in my interest in sex.	
I am less interested in sex than I used to be.	
I have almost no interest in sex.	
I have lost interest in sex completely.	

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