**Psychosocial Factors Questionnaire - Draft**

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| Study site …………………………… | Participant **IDNO** |\_\_\_|\_\_\_|\_\_\_|. |\_\_\_| | |
| **Interview location** (*1=ANC, 2=Family Planning, 3=Immunisation, 4=OPD, 5=other*) |\_\_\_| | | |
| **Age** (years) |\_\_\_|\_\_\_| | **Sex** (*1=male, 2=female*) |\_\_\_| | |
| **Current residence** (*1=City suburb, 2=City slum, 3=Town, 4=village*) ……………….. |\_\_\_| | | |
| **Education**, highest attained (*1=none; 2=Primary; 3=Secondary; 4=Tertiary-not a Bachelor’s degree; 5=Tertiary-Bachelor’s degree and above*) |\_\_\_| | | |
| **Marital status** *(1=single, 2=married, 3=divorced/separated, 4=widow/widower, 5=Prefer not to say)* | | |\_\_\_| |
| **Tribe** *(1=Muganda, 2=Other Bantu tribe, 3=Non-Bantu tribe, 4=Non-Ugandan tribe)* | | |\_\_\_| |
| **History of asthma** (*1=yes, 2=no, 3=do not know*)  |\_\_\_|Participant; |\_\_\_|Parents; |\_\_\_|Children; |\_\_\_|Siblings; |\_\_\_|Friend; |\_\_\_|Neighbour | | |
| **History of allergy** (rhinitis, conjunctivitis, eczema, urticarial) (*1=yes, 2=no, 3=do not know*)  |\_\_\_|Participant; |\_\_\_|Parents; |\_\_\_|Children; |\_\_\_|Siblings; |\_\_\_|Friend; |\_\_\_|Neighbour | | |
| **What options below best describe the area where your mother spent most of her time when pregnant with you?** |\_\_\_|Village; |\_\_\_|Small town; |\_\_\_| City (e.g. Kampala) | | |
| **Where did you spend most of your early childhood (0-5 years)?** |\_\_\_|Village; |\_\_\_|Small town; |\_\_\_| City (e.g. Kampala) | | |

***General instructions to participants****: Below is a collection of statements about your everyday experience. Answer according to your own feelings, rather than how you think "most people" would answer. There are no right or wrong answers. Usually your first response is the best.*

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| ***Sleep:*** ***[The following questions relate to your usual sleep habits during the past month only.*** *Do indicate the most accurate reply for the majority of days & nights in the past month].*  **During the past month,** | | |
|  | When have you usually gone to bed? | |\_\_|\_\_|:|\_\_|\_\_|pm |
|  | How long (in minutes) has it taken you to fall asleep each night? | |\_\_\_|\_\_\_|minutes |
|  | When have you usually gotten up in the morning? | |\_\_|\_\_|:|\_\_|\_\_|am |
|  | How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed).  *[Assist the participant with adding up]* | |\_\_\_|\_\_\_| |
|  | How often have you had trouble sleeping (e.g. cannot get to sleep within 30 minutes, wake up in the middle of the night or early morning, have to get up to use the bathroom, any discomfort)  [*0=not during the past month, 1=less than once a week, 2=once or twice a week, 3=three or more times a week*] | |\_\_\_| |
|  | How would you rate your sleep quality overall?  [*0=Very good, 1=Fairly good, 2=Fairly bad, 3=Very bad*] | |\_\_\_| |

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| ***Perceived Stress:*** *The next questions in this scale ask about your feelings and thoughts during the last month. In each case, indicate the alternative that seems like a reasonable estimate. [1=never, 2=rarely, 3=sometimes, 4=fairly often, 5=very often]*  **In the last month,** | | |
|  | how often have you been upset because of something that happened unexpectedly? | |\_\_\_| |
|  | how often have you felt that you were unable to control the important things in your life? | |\_\_\_| |
|  | how often have you felt nervous and stressed? | |\_\_\_| |
|  | how often have you felt confident about your ability to handle your personal problems? | |\_\_\_| |
|  | how often have you felt that things were going your way? | |\_\_\_| |
|  | how often have you found that you could not cope with all the things that you had to do? | |\_\_\_| |
|  | how often have you been able to control irritations in your life? | |\_\_\_| |
|  | how often have you felt that you were on top of things? | |\_\_\_| |
|  | how often have you been angered because of things that happened that were outside of your control? | |\_\_\_| |
|  | how often have you felt difficulties were piling up so high that you could not overcome them? | |\_\_\_| |

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| ***Anxiety Screen:* *Over the last 2 weeks, how often have you been bothered by the following problems?***  [*0=not at all, 1=Several days, 2=More than half the days, 3=Nearly every day*] | | |
|  | Feeling nervous, anxious or on edge (for no good reason) | |\_\_\_| |
|  | Not being able to stop or control worrying | |\_\_\_| |
|  | Worrying too much about different things | |\_\_\_| |
|  | Trouble relaxing | |\_\_\_| |
|  | Being so restless that it is hard to sit still | |\_\_\_| |
|  | Becoming easily annoyed or irritable | |\_\_\_| |
|  | Feeling afraid as if something awful might happen | |\_\_\_| |

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| ***Perfectionism:*** ***Below are statements about personal characteristics. For each item, decide whether you agree or disagree and to what extent.***  *[1= strongly disagree, 2=somehow disagree, 3=neutral (neither agree nor disagree), 4=somewhat agree, 5=strongly agree*] | | |
|  | I set higher goals and expect higher performance in my daily tasks than most people do. | |\_\_\_| |
|  | Neatness and organization are very important to me. | |\_\_\_| |
|  | My parents set very high expectations and standards for me which I never felt I could meet. | |\_\_\_| |
|  | It is very important that I **always appear** to be perfect or ‘on top of things’. | |\_\_\_| |
|  | I think (or worry) over mistakes that I have made in front of others. | |\_\_\_| |
| ***Loneliness Scale****:* ***The next 3 questions, tell me how often you feel that way.***  *[1=Hardly ever, 2=some of the time, 3=often]* | | |
|  | How often do you feel that you lack companionship? | |\_\_\_| |
|  | How often do you feel left out? | |\_\_\_| |
|  | How often do you feel isolated from others? | |\_\_\_| |

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| ***Work and the work environment*** | | |
|  | What kind of work do you do?  [*1=stay-home mother/wife; 2=subsistence farmer; 3=student; 4=self-employed (own small business such as a kiosk/shop, saloon); 5=unemployed-looking for a job; 6=employed in informal sector (e.g. shop, market, saloon); 7=employed-unskilled/manual work; 8=employed-skilled work; 9=own large business; 10=other*]  If other, specify ……………………………………………………….. | |\_\_\_| |
|  | With regards to your **day-to-day work/job**, what best suits your situation with regards to these questions  *[****1=Very much so, 2=Moderately so, 3=Somewhat, 4=Not at all]*** | |\_\_\_| |
|  | I constantly feel like I have an extremely large amount of work to do that I can't complete work in the required time. | |\_\_\_| |
|  | I can work at my own pace, and choose how and in what order to do my work. | |\_\_\_| |
|  | The atmosphere in my workplace is friendly. | |\_\_\_| |
|  | I often feel under pressure to meet deadlines/employer-set targets, keep time, diffuse arguments? | |\_\_\_| |
|  | What are your main means of getting to work? [*1=none, work from home, 2=walk, 3=public means (taxi, boda boda), 4=personal vehicle, 5=company/Gov’t vehicle]* | |\_\_\_| |
|  | I am satisfied with my job/work.  *[1=Satisfied, 2=Somewhat satisfied, 3=Somewhat dissatisfied, 4=Dissatisfied]* | |\_\_\_| |
|  | How much do you earn per month, on average? [Ug. Shillings, *1=<130,000/=; 2=130,000-500,000/=, 3=>500,000-1million, 4=>1million-4million; 5=>4million; 6=do not know; 7=no response]* | |\_\_\_| |
|  | What proportion of food consumed in your home do you grow yourselves? *[1=none, 2=a quarter, 3=half, 4=almost all]* | |\_\_\_| |
|  | With regards to your current home, do you …? *1=own it, 2=do not own, but do not pay rent, 3=own it, still paying bank loan/mortgage, 4=rent]* | |\_\_\_| |
| ***Perceived financial strain*** [*Responses are in brackets*] | | |
|  | In the past month, how hard has it been for you to pay for the very basics like food, housing, and medical care? [*1 = very hard, 2 = hard, 3 = somewhat hard, or 4 = not very hard*] | |\_\_\_| |
|  | How would you describe the money situation in your household right now? [*1=comfortable with extra, 2=enough but no extra, 3=have to cut back, 4=cannot make ends meet*] | |\_\_\_| |
|  | Do you (or your spouse) currently have a loan (e.g. from the bank, SACCO, *Kibiina*)? [*1=yes, 2=no (skip to next section)*] | |\_\_\_| |
|  | 1. If yes, did you choose to take the loan for financial growth or was it to deal with a difficult circumstance? [*1=financial growth, 2=financial difficulties*] | |\_\_\_| |
|  | 1. If yes, how is the loan repayment going?   [*1=very well according to schedule, 2=fairly well, but struggling a little, 3=badly, behind on repayments, 4= very badly, collateral to be repossessed/taken away from me/us*]. | |\_\_\_| |

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| ***Neighbourhood social cohesion:*** ***With regards to your neighbourhood, decide whether you agree or disagree and to what extent.*** *[1= strongly disagree, 2=somehow disagree, 3=neutral, 4=somewhat agree, 5=strongly agree*] | | |
|  | I could call on a neighbour for help or for a favour if I needed it, because people in my neighbourhood are willing to help their neighbours. | |\_\_\_| |
|  | People say “hello” and talk to each other in the streets, this is a close-knit neighbourhood. | |\_\_\_| |
|  | People in my neighbourhood trust each other. | |\_\_\_| |
|  | People in my neighbourhood generally don’t get along with each other. | |\_\_\_| |
|  | People in my neighbourhood do not share the same values. | |\_\_\_| |
| ***Perceived neighbourhood safety*** | | |
|  | I feel safe being out alone in my neighbourhood during the daytime. | |\_\_\_| |
|  | I feel safe being out alone in my neighbourhood during the night. | |\_\_\_| |
|  | It is safe for younger children to play outside in the area where I live. | |\_\_\_| |

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| ***How you feel about the following statements below?*** *Responses in brackets*  [*1=Strongly Disagree 2= somehow Disagree 3=Neutral 4= somehow Agree 5=Strongly Agree*] | | |
| ***Perceived social support*** | | |
|  | There is a special person who is around when I am in need. | |\_\_\_| |
|  | There is a special person with whom I can share my joys and sorrows, and cares about my feelings. | |\_\_\_| |
|  | My friends really try to help me, and I can count on my friends when things go wrong. | |\_\_\_| |
|  | I have friends with whom I can share my joys and sorrows, and talk about my problems. | |\_\_\_| |
|  | My family really tries to help me, and is willing to help me make decisions | |\_\_\_| |
|  | I can talk about my problems with my family and get the emotional help and support I need | |\_\_\_| |
| ***Resilience*** | | |
|  | I tend to bounce back quickly after hard times. | |\_\_\_| |
|  | I have a hard time making it through stressful events. | |\_\_\_| |
|  | I tend to take a long time to get over setbacks in my life. | |\_\_\_| |
| ***Coping*** | | |
|  | I look for creative ways to alter/handle difficult situations. | |\_\_\_| |
|  | Regardless of what happens to me, I believe I can control my reaction to it. | |\_\_\_| |
|  | I believe I can grow in positive ways by dealing with difficult situations. | |\_\_\_| |
|  | I actively look for ways to replace the losses I encounter in life. | |\_\_\_| |
| ***Optimism/pessimism*** | | |
|  | In uncertain times, I usually expect the best. | |\_\_\_| |
|  | If something can go wrong for me, it will. | |\_\_\_| |
|  | I'm always optimistic about my future. | |\_\_\_| |
|  | I hardly ever expect things to go my way. | |\_\_\_| |
|  | I rarely count on good things happening to me. | |\_\_\_| |
|  | Overall, I expect more good things to happen to me than bad. | |\_\_\_| |
| ***Positive and Negative Affect:*** ***Thinking about yourself and how you normally feel, to what extent do you generally feel***  *[1=never, 2=rarely, 3=sometimes, 4=fairly often, 5=always]* | | |
|  | Upset | |\_\_\_| |
|  | Hostile | |\_\_\_| |
|  | Alert | |\_\_\_| |
|  | Ashamed | |\_\_\_| |
|  | Inspired | |\_\_\_| |
|  | Nervous | |\_\_\_| |
|  | Determined | |\_\_\_| |
|  | Attentive | |\_\_\_| |
|  | Afraid | |\_\_\_| |
|  | Active | |\_\_\_| |
| ***Depression:*** ***Please select one option for each question that is the closest to how you have felt in the PAST SEVEN DAYS*** | | |
|  | I have blamed myself unnecessarily when things went wrong:  *1=Yes, most of the time, 2=Yes, some of the time, 3=Not very often, 4=No, never* | |\_\_\_| |
|  | I have been anxious or worried for no good reason:  *1=No, not at all, 2=Hardly ever, 3=Yes, sometimes, 4=Yes, very often* | |\_\_\_| |
|  | I have felt scared or panicky for no very good reason:  *1=Yes, quite a lot, 2=Yes, sometimes, 3=No, not much, 4=No, not at all* | |\_\_\_| |
|  | I have felt sad or miserable:  *1=Yes, most of the time, 2=Yes, quite often, 3=Not very often, 4=No, not at all* | |\_\_\_| |
| ***Mindfulness:* *For this collection of statements about your everyday experience, please indicate how frequently or infrequently you currently have each experience.***  *[1=never, 2=rarely, 3=sometimes, 4=fairly often, 5=always]* | | |
|  | It seems I am “running on automatic,” without much awareness of what I’m doing. | |\_\_\_| |
|  | I rush through activities without being really attentive to them. | |\_\_\_| |
|  | I get so focused on the goal I want to achieve that I lose touch with what I’m doing right now to get there. | |\_\_\_| |
|  | I do jobs or tasks automatically, without being aware of what I'm doing. | |\_\_\_| |
|  | I find myself doing things without paying attention. | |\_\_\_| |

***Thank you very much for your cooperation!***