

AN INTERNATIONAL HEALTH SURVEY



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This survey is completely anonymous and should only take about 15 to 20 minutes to finish.

You will be asked questions about your views on the general health and well being of people in the country where you currently live. It is not a test, so there are no right or wrong answers.

Your views will help to inform local health policy, research and education programs.

A. DEMOGRAPHICS

Q1. Your age: years

Q2. Gender: Male Female

Q3a. What is your nationality? _____

Q3b. Which language do you usually speak at home?

Q4a. Which country are you currently living in?

Q4b. Have you lived in that country for more than 12 months?

Yes No

Q5a. Do you live in a rural, regional or urban area?

Rural Urban
 Regional

Q5b. What is your area, post or zip code? _____

Q6. What is your highest level of education?

- No formal education
 Completed or partially completed primary education
 Completed or partially completed secondary education
 Completed or partially completed tertiary education (e.g. college, university)
 Other (please specify): _____

Q7. Have you ever lived or studied outside the country in which you now live?

Yes No

Q8. Are you currently:

(you can mark more than 1 answer)

- A patient, a consumer of health services or a person with an illness
 A carer or family member of a person with an illness
 A health professional (e.g. a doctor, nurse, psychologist, pharmacist)
 None of the above (please specify): _____

**If you are NOT a health professional,
please go to Section B.**

Q9a. If you are a health professional, in what area do you practice?

- General or family doctor
 Pharmacist
 Psychologist
 Counsellor
 Nurse
 Psychiatrist
 Medical specialist (not a psychiatrist)
 Traditional health worker (e.g. herbalist, acupuncturist)
 Other (please specify): _____

Q9b. If you are a health professional, how many years have you been in clinical practice?

years

Q9c. If you are a health professional, have you ever studied or practiced outside the country in which you now live?

Yes No

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Thinking of the country you now live in, please answer the following questions.

B. MAJOR HEALTH PROBLEMS

Q10. Right now, what do you think are the main causes of death or disability in this country (mark up to 4 answers)?

<input type="checkbox"/> Cancer (e.g. lung, liver, breast)	<input type="checkbox"/> Muscle or joint diseases (e.g. arthritis)
<input type="checkbox"/> Lung and chest diseases (e.g. asthma, emphysema)	<input type="checkbox"/> Diabetes (high blood sugar)
<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Brain, behavioural and mental health disorders (e.g. depression, alcohol and drug abuse, dementia, manic-depressive illness, schizophrenia, anxiety, neurasthenia)
<input type="checkbox"/> Stomach, bowel and liver disease (e.g. stomach ulcer, cirrhosis of liver)	<input type="checkbox"/> Lung and chest infections (e.g. pneumonia)
<input type="checkbox"/> Infectious diseases (e.g. HIV/ AIDS, diarrhoea, tuberculosis)	<input type="checkbox"/> Accidental injuries (e.g. road traffic accidents, falls)
<input type="checkbox"/> Non-accidental injuries (e.g. self-inflicted, suicide, violence, war)	<input type="checkbox"/> Vision or hearing impairment or loss
<input type="checkbox"/> Complications of pregnancy or childbirth	<input type="checkbox"/> Other (please specify): _____

Q11. Right now, which of these specific ILLNESSES or INJURIES cause the most death or disability in this country (mark up to 6 answers)?

<input type="checkbox"/> HIV infection or AIDS	<input type="checkbox"/> Alzheimer's disease or other dementias
<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Measles	<input type="checkbox"/> Asthma
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Cataracts
<input type="checkbox"/> Lung or other chest infections	<input type="checkbox"/> Colon or rectum (bowel) cancer
<input type="checkbox"/> Road traffic accidents	<input type="checkbox"/> Depression
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Stomach cancer	<input type="checkbox"/> Diarrhoea or dysentery
<input type="checkbox"/> Stroke or other brain disease	<input type="checkbox"/> Emphysema or chronic bronchitis
<input type="checkbox"/> Suicide or self-harm	<input type="checkbox"/> Hearing impairment or loss
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Heart attack or other heart disease
<input type="checkbox"/> Vision impairment or loss	<input type="checkbox"/> Other (please specify): _____

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Q12. Right now, which MENTAL HEALTH problems cause the most death or disability in this country (mark up to 3 answers)?

<input type="checkbox"/> Schizophrenia or other psychoses	<input type="checkbox"/> Dementia, Alzheimer's disease or other brain damage
<input type="checkbox"/> Personality disorders	<input type="checkbox"/> Eating disorders (e.g. anorexia nervosa, bulimia nervosa, severe obesity)
<input type="checkbox"/> Mental retardation or intellectual disorders	<input type="checkbox"/> Alcohol abuse or addiction
<input type="checkbox"/> Anxiety, neurosis or panic disorder (e.g. neurasthenia)	<input type="checkbox"/> Manic depressive illness (or bipolar disorder)
<input type="checkbox"/> Depressive illness	<input type="checkbox"/> Don't know
<input type="checkbox"/> Drug abuse or addiction	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Adolescent behavioural or emotional disorders	

Q13a. Which of the following are the most typical of a person with depression (mark up to 5 answers)?

<input type="checkbox"/> Being sad, down or miserable	<input type="checkbox"/> Thinking "Life is not worth living"
<input type="checkbox"/> Feeling frustrated	<input type="checkbox"/> Having no confidence
<input type="checkbox"/> An upset stomach	<input type="checkbox"/> Feeling tired all the time
<input type="checkbox"/> Feeling overwhelmed	<input type="checkbox"/> Poor appetite
<input type="checkbox"/> Thinking "It's all my fault"	<input type="checkbox"/> Thinking "I'm worthless"
<input type="checkbox"/> Feeling disappointed	<input type="checkbox"/> Feeling sick and run down
<input type="checkbox"/> Being irritable or cranky	<input type="checkbox"/> Being unhappy or depressed
<input type="checkbox"/> Thinking "I'm a failure"	<input type="checkbox"/> Thinking "Nothing good ever happens to me"
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Being indecisive
<input type="checkbox"/> Feeling guilty	<input type="checkbox"/> Don't know
<input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Headaches and muscle pains	

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Q13b. Which of the following are people with depression most likely to do or have happen to them (mark up to 4 answers)?

<input type="checkbox"/> Be unable to concentrate or have difficulty thinking	<input type="checkbox"/> Lose their job
<input type="checkbox"/> Not get things done at school/ work	<input type="checkbox"/> Have suicidal thoughts or behaviours
<input type="checkbox"/> Experience discrimination	<input type="checkbox"/> Stop doing things they enjoy
<input type="checkbox"/> Stop going out	<input type="checkbox"/> Develop new physical health problems
<input type="checkbox"/> Have relationship or family problems	<input type="checkbox"/> Withdraw from close family and friends
<input type="checkbox"/> Have relationship or family breakdown	<input type="checkbox"/> Don't know
<input type="checkbox"/> Become dependent on alcohol, drugs or sedatives	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Lack self-care (e.g. have a change in their personal hygiene habits)	

The word depression often means different things to different people. In the following questions, what we mean by “depression” is an illness that is more severe, more prolonged and more disabling than normal sadness, grief or other normal feelings of sadness or loss.

Q14. What proportion of people do you think experience depression at some point in their lives?

- 1 in 50 people
- 1 in 20 people
- 1 in 10 people
- 1 in 5 people
- Don't know

Q15. What chance is there that you, or someone very close to you, will experience depression at some point in their lives?

- Zero to 25%
- 26 to 50%
- 51 to 75%
- 76 to 100%
- Don't know

You can finish this survey here, but we would appreciate if you would complete the next section.

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C. HELP AND TREATMENT

Q16. What would be the most likely result if you, or someone very close to you, received professional help for depression (e.g. from a doctor, psychologist, psychiatrist or other counsellor)?
[mark 1 answer only]

- Fully recover
- Fully recover but then have the illness come back again
- Have some improvement
- Have some improvement but then get worse again
- Have no improvement
- Get worse
- Don't know
- Other (please specify): _____

Q17. What would be the most likely result if you, or someone very close to you, did NOT receive professional help for depression ?
[mark 1 answer only]

- Fully recover
- Fully recover but then have the illness come back again
- Have some improvement
- Have some improvement but then get worse again
- Have no improvement
- Get worse
- Don't know
- Other (please specify): _____

Q18a. If you thought you might be experiencing depression, how likely would you be to seek help from each of the following professionals ? [please rate all 9 categories]

	Definitely unlikely	Probably unlikely	Probably likely	Definitely likely	Don't know
1. Counsellor	<input type="checkbox"/>				
2. General or family doctor	<input type="checkbox"/>				
3. Pharmacist	<input type="checkbox"/>				
4. Psychiatrist	<input type="checkbox"/>				
5. Psychologist	<input type="checkbox"/>				
6. Social worker	<input type="checkbox"/>				
7. Welfare officer	<input type="checkbox"/>				
8. No-one / wouldn't seek help	<input type="checkbox"/>				
9. Other (please specify): _____	<input type="checkbox"/>				

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Q18b. If you thought you might be experiencing depression, how likely would you be to seek help from each of the following people? [please rate all 8 categories]

	Definitely unlikely	Probably unlikely	Probably likely	Definitely likely	Don't know
1. Acupuncturist	<input type="checkbox"/>				
2. Clergy, priest or other religious person	<input type="checkbox"/>				
3. Family	<input type="checkbox"/>				
4. Friends	<input type="checkbox"/>				
5. Naturopath or herbalist	<input type="checkbox"/>				
6. Personal trainer, exercise manager or relaxation instructor (e.g. massage therapist, yoga or meditation teacher)	<input type="checkbox"/>				
7. Traditional healer (e.g. Qigong master, shaman)	<input type="checkbox"/>				
8. Other (please specify): _____	<input type="checkbox"/>				

Q19. Do you think each of the following types of treatment for depression are helpful or harmful? [please rate all 11 categories]

	Harmful	Neither	Helpful	Never heard of it	Don't know
1. Becoming more physically active (e.g. playing sport, walking, gardening)	<input type="checkbox"/>				
2. Changing your diet	<input type="checkbox"/>				
3. Having an occasional alcoholic drink	<input type="checkbox"/>				
4. Reading about people with similar problems and how they have dealt with them	<input type="checkbox"/>				
5. Reading self-help book(s)	<input type="checkbox"/>				
6. Taking antidepressant medications	<input type="checkbox"/>				
7. Taking natural remedies (e.g. vitamins)	<input type="checkbox"/>				
8. Taking sleeping tablets or sedatives	<input type="checkbox"/>				
9. Using brief counselling therapies (eg. cognitive and/or behavioural therapies)	<input type="checkbox"/>				
10. Using long-term counselling	<input type="checkbox"/>				
11. Other (please specify): _____	<input type="checkbox"/>				

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Q20a. Have you, or someone very close to you, ever experienced depression?

- Yes (please go to Q20b)
- No (go to section D)
- Don't know (go to section D)

Q20b. Who was that?

- I experienced depression
- Someone very close to me experienced depression

Q20c. Did you, or someone very close to you, receive any help for this?

- Yes (please go to Q20d)
- No (go to section D)
- Don't know (go to section D)

Q20d. Who provided this help (you can mark more than 1 answer)?

- Counsellor
- General or family doctor
- Pharmacist
- Psychiatrist
- Psychologist
- Social worker
- Welfare officer
- Don't know
- Other (please specify): _____

Q20e. Did any of these other people provide help (you can mark more than 1 answer)?

- Acupuncturist
- Clergy, priest or other religious person
- Personal trainer or exercise manager
- Family
- Friends
- Naturopath or herbalist
- Relaxation instructor (e.g. massage therapist, yoga or meditation teacher)
- Traditional healer (e.g. Qigong master, shaman)
- Don't know
- Other (please specify): _____

Q20f. Where did you or the person close to you receive help for depression?

- Specialist mental hospital
- General medical hospital
- General or family doctor's rooms / clinic
- Specialist doctor's rooms or clinic (i.e. psychiatrist)
- Other medical specialist doctor's rooms or clinic (e.g. neurologist, cardiologist)
- Other counsellor or therapist's rooms or clinic
- Clinic run by nurses or other health professionals
- Other (please specify): _____

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D. INFORMATION

Q21a. Have you ever looked for information about depression?

- Yes No (go to section E)

Q21b. If YES, how did you get this information (you can mark more than 1 answer)?

- Asked a doctor
- Asked a friend
- Asked a family member
- Bought a book or health magazine
- Called a helpline
- Contacted a community health centre
- Contacted a mental health organisation
- Printed information from pharmacies or medical centre
- Searched the Internet
- Visited the library
- Television or radio
- Don't know
- Other (please specify): _____

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E. PERCEIVED NEEDS

Q22a. Have you personally sought help from a general or family doctor for an emotional problem in the last 12 months?

- Yes No (go to section F)

Q22b. The following questions ask whether you would like your general or family doctor to discuss with you any of the following kinds of help for common emotional problems such as feeling depressed or anxious. Your general or family doctor might offer to help you in this way, or you might prefer your general or family doctor to suggest an alternative source of help.

	I would like my general or family doctor to discuss this kind of help with me	I don't need to discuss this kind of help	I am already getting this kind of help (either from my general or family doctor or somewhere else)
1. Information about emotional problems or getting treatment for these problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medication or tablets to help you with emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Counselling: including any kind of help to talk through your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22c. Have any of the following reasons stopped you in the last few weeks, from getting any of these kinds of help, or from getting as much help as you may have needed? Mark any box that applies to you:

- Not applicable, I haven't needed any of these kinds of help...
- I preferred to manage myself
- I didn't think anything would help
- I didn't know where to get help
- I was afraid to ask for help or what others would think of me
- I couldn't afford the money
- I asked but didn't get help

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F. ATTITUDES

The following questions ask about the experiences people with mental illness sometimes have. Discrimination here means that a person with depression is treated unfairly just because they have a mental illness, rather than for any other reason.

Q23. If you, or someone very close to you experienced depression, do you think you would be discriminated against by (please rate all 9 categories):

	Definitely unlikely	Probably unlikely	Probably likely	Definitely likely	Don't know
1. A bank, insurance company or other financial institution	<input type="checkbox"/>				
2. A government or other public welfare agency	<input type="checkbox"/>				
3. A public or private hospital	<input type="checkbox"/>				
4. Other people who don't know you well	<input type="checkbox"/>				
5. Your doctor or other health professional	<input type="checkbox"/>				
6. Your employer	<input type="checkbox"/>				
7. Your family	<input type="checkbox"/>				
8. Your friends	<input type="checkbox"/>				
9. Other (please specify): _____	<input type="checkbox"/>				

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The following question asks about people with severe depression. By severe depression we mean a depressive illness that is so extreme and distressing that the person may require specialised medical treatment, or the impact of the depression on their lives is very large (the person may not be able to work or socialise).

Q24. To what extent do you agree or disagree with the following statements regarding people with severe depression? (please rate all 10 categories)

“People with <u>severe</u> depression ...”	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
1. Are dangerous to others	<input type="checkbox"/>				
2. Are hard to talk to	<input type="checkbox"/>				
3. Are often artistic or creative people when they are well	<input type="checkbox"/>				
4. Are often very productive people when they are well	<input type="checkbox"/>				
5. Have themselves to blame	<input type="checkbox"/>				
6. Often make good employees when they are well	<input type="checkbox"/>				
7. Often perform poorly as parents	<input type="checkbox"/>				
8. Often try even harder to contribute to their families or work when they are well	<input type="checkbox"/>				
9. Shouldn't have children in case they pass on the illness	<input type="checkbox"/>				
10. Should pull themselves together	<input type="checkbox"/>				

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G. GENERAL INFORMATION

The following questions ask about how you have been feeling in recent times ...

Q25. In the past 30 days how often (please rate all 10 categories) ...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Did you feel tired out for no good reason	<input type="checkbox"/>				
2. Did you feel nervous	<input type="checkbox"/>				
3. Did you feel so nervous that nothing could calm you down	<input type="checkbox"/>				
4. Did you feel hopeless	<input type="checkbox"/>				
5. Did you feel restless or fidgety	<input type="checkbox"/>				
6. Did you feel so restless that you could not sit still	<input type="checkbox"/>				
7. Did you feel depressed	<input type="checkbox"/>				
8. Did you feel that everything was an effort	<input type="checkbox"/>				
9. Did you feel so sad that nothing could cheer you up	<input type="checkbox"/>				
10. Did you feel worthless	<input type="checkbox"/>				

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Q26. Over the past few weeks have you been troubled by (please rate all 12 categories) ...

	Never or some of the time	A good part of the time	Most of the time
1. Feeling nervous or tense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Muscle pain after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeling unhappy and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Needing to sleep longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prolonged tiredness after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Poor sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Everything getting on top of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Poor concentration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tired muscles after activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Losing confidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Being unable to overcome difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27. During the last one month:

a. How many days in total were you unable to carry out your usual daily activities, like going to work or school, fully?

days

b. How many days in total did you stay in bed all or most of the day because of your illness or injury?

days

Q28. Who do you live with?

- Live alone
- Live alone with child(ren)
- Live with partner and no child(ren)
- Live with partner and child(ren)
- Live with parents
- Live with other relatives
- Live with friends
- Live in shared accommodation
- Other (please specify): _____

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Q29. Which of these best describes your main activities?

- Full-time work (including self-employed)
- Part-time work (including self-employed)
- Employed but not at work due to illness or vacation etc
- Not working and currently receiving sickness allowance or disability support pension
- Unemployed or looking for work
- Volunteer work
- Retired
- Home duties
- Student attending school or university
- Other (please specify): _____

Thank you for taking the time to
complete this survey